## Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 1 of 60

| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| NORTHERN DISTRICT OF GEORGIA                    | -                             |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | ■ Chapter 7                   |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |          |   |
|-----|--|---|----------|---|
|     |  | About Debtor 1:                                 | About    | Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |   |          |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Dionna First name Shuntai Middle name           | First na |   |
|     | Bring your picture identification to your meeting with the trustee.  | Spivey Last name and Suffix (Sr., Jr., II, III) | Last na  | me and Suffix (Sr., Jr., II, III)       |
| 2.  | All other names you hav used in the last 8 years   | e   |          |   |
|     | Include your married or maiden names.  |   |          |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-2188                                     |          |   |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 2 of 60

Debtor 1 Dionna Shuntai Spivey

Case number (if known)

|  |                | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |  |
|--|----------------|--|--|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |                | I have not used any business name or EINs.  Business name(s)   | ☐ I have not used any business name or EINs.  Business name(s)   |  |  |  |  |
| 5.   | Where you live |  | If Debtor 2 lives at a different address:  |  |  |  |  |
|  |                | 176 Shallow Ridge Lane Kennesaw, GA 30144  Number, Street, City, State & ZIP Code  Cobb  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |  |  |  |  |
| this district to file for bankruptcy ■   |                | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |  |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 3 of 60

Debtor 1 Dionna Shuntai Spivey Case number (if known)

| ar  | Tell the Court About   | Your B         | ankruptcy Ca | se                                    |  |                             |  |                        |  |
|-----|--|----------------|--------------|---------------------------------------|--|-----------------------------|--|------------------------|--|
| 7.  | The chapter of the Bankruptcy Code you are   | Check<br>(Form |              |                                       | of each, see <i>Notice Requ</i><br>page 1 and check the ap   |                             | ) for Individuals Filing                                   | for Bankruptcy         |  |
|     | choosing to file under   | Chapter 7      |              |                                       |  |                             |  |                        |  |
|     |  | ☐ Cl           | hapter 11    |                                       |  |                             |  |                        |  |
|     |  | ☐ CI           | hapter 12    |                                       |  |                             |  |                        |  |
|     |  | ☐ CI           | hapter 13    |                                       |  |                             |  |                        |  |
|     |  |                |              |                                       |  |                             |  |                        |  |
| 3.  | How you will pay the fee   | _              | about how yo | u may pay. Typ<br>attorney is subr    | en I file my petition. Pleasically, if you are paying the mitting your payment on your   | e fee yourself, you may pa  | ay with cash, cashier's                                    | s check, or money      |  |
|     |  |                |              |                                       | allments. If you choose the second control of the second control o | his option, sign and attach | on, sign and attach the Application for Individuals to Pay |                        |  |
|     | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By but is not required to, waive your fee, and may do so only if your income is less than 150% of the off |                |              |                                       |  |                             | than 150% of the offic                                     | cial poverty line that |  |
|     |  |                |              |                                       | nd you are unable to pay the<br>Chapter 7 Filing Fee Waive   |                             |  |                        |  |
| ).  | Have you filed for bankruptcy within the   | ■ No           | ).           |                                       |  |                             |  |                        |  |
|     | last 8 years?  | ☐ Ye           | es.          |                                       |  |                             |  |                        |  |
|     |  |                | District     |                                       | When   | Cas                         | se number  |                        |  |
|     |  |                | District     |                                       | When _   | Cas                         | se number  |                        |  |
|     |  |                | District     |                                       | When   | Cas                         | se number  |                        |  |
| 10. | Are any bankruptcy   | ■ No           | )            |                                       |  |                             |  |                        |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?   | □ Ye           | es.          |                                       |  |                             |  |                        |  |
|     |  |                | Debtor       |                                       |  | Rela                        | ationship to you   |                        |  |
|     |  |                | District     |                                       | When   | Case                        | e number, if known   |                        |  |
|     |  |                | Debtor       |                                       |  | Rela                        | ationship to you   |                        |  |
|     |  |                | District     |                                       | When   | Case                        | e number, if known   |                        |  |
| 11. | Do you rent your residence?  | ■ No           | Go to I      | ne 12.                                |  |                             |  |                        |  |
|     | residence:   | ☐ Ye           | es. Has yo   | ur landlord obta                      | ained an eviction judgmen  | t against you?              |  |                        |  |
|     |  |                |              | No. Go to line                        | 12.  |                             |  |                        |  |
|     |  |                |              | Yes. Fill out Initial this bankruptcy | itial Statement About an E<br>petition.  | viction Judgment Against    | ! You (Form 101A) and                                      | d file it as part of   |  |
|     |  |                |              |                                       |  |                             |  |                        |  |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 4 of 60 Case number (if known) Debtor 1 **Dionna Shuntai Spivey** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or

Chapter 11 of the
Bankruptcy Code, and
are you a small business
debtor or a debtor as
defined by 11 U.S.C. §
1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

■ No.
I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and

I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I

choose to proceed under Subchapter V of Chapter 11.

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 5 of 60

Debtor 1 Dionna Shuntai Spivey

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 6 of 60

Debtor 1 **Dionna Shuntai Spivey** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Dionna Shuntai Spivey Signature of Debtor 2 **Dionna Shuntai Spivey** Signature of Debtor 1 Executed on May 25, 2021 Executed on MM / DD / YYYY MM / DD / YYYY

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 7 of 60

Debtor 1 Dionna Shuntai Spivey Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jeffrey B. Kelly                   | Date          | May 25, 2021               |
|--|---------------|----------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY             |
| Jeffrey B. Kelly 412798 Printed name   |               |                            |
| Law Office of Jeffrey B. Kelly, P.C.   |               |                            |
| 107 E. 5th Avenue                      |               |                            |
| Rome, GA 30161                         |               |                            |
| Number, Street, City, State & ZIP Code |               |                            |
| Contact phone <b>678-861-1127</b>      | Email address | lawoffice@kellycanhelp.com |
| 412798 GA                              |               |                            |
| Bar number & State                     |               | <del></del>                |

| Fill       | in this inform    | nation to identify you                                    | r case:  |                                    | ,   |                                    |
|------------|-------------------|---|--|------------------------------------|---|------------------------------------|
| Det        | otor 1            | Dionna Shuntai  |  |                                    |   |                                    |
| Deb        | otor 2            | First Name  | Middle Name  | Last Name                          |   |                                    |
|            | ouse if, filing)  | First Name  | Middle Name  | Last Name                          |   |                                    |
| Uni        | ted States Bar    | nkruptcy Court for the:                                   | NORTHERN DISTRICT C  | OF GEORGIA                         |   |                                    |
| Cas        | se number         |   |  |                                    |   |                                    |
| (if kn     | nown)             |   |  |                                    | _   | Check if this is an                |
|            |                   |   |  |                                    |   | amended filing                     |
| <b>∩</b> f | ficial Fo         | m 107   |  |                                    |   |                                    |
|            | ficial For        |   | Affaira far Individ  | luale Eiling for B                 | ankruptov   | 414                                |
|            |                   |   | Affairs for Individ  |                                    |   | 4/1                                |
|            |                   |   |  |                                    | equally responsible for sup<br>y additional pages, write yo     |                                    |
| num        | nber (if known    | n). Answer every que                                      | stion.   |                                    |   |                                    |
| Par        | t 1: Give D       | etails About Your Ma                                      | rital Status and Where You   | Lived Before                       |   |                                    |
| 1.         | What is your      | current marital statu                                     | s?   |                                    |   |                                    |
|            | ☐ Married         |   |  |                                    |   |                                    |
|            | ■ Not marr        | ried  |  |                                    |   |                                    |
| 2.         | During the la     | ast 3 years, have you                                     | lived anywhere other than v  | where you live now?                |   |                                    |
|            | _                 |   | ,  |                                    |   |                                    |
|            | □ No ■ Yes List   | t all of the places you l                                 | ived in the last 3 years. Do no  | ot include where you live now      | <i>I</i> .  |                                    |
|            |                   | , ,   | •  | ·                                  |   | Datas Bahtan 0                     |
|            | Debtor 1 Pri      | ior Address:  | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                  | iaress:   | Dates Debtor 2<br>lived there      |
|            | 13 Freedor        |   | From-To:<br><b>2017 - 6/2020</b>   | ☐ Same as Debtor                   | 1   | ☐ Same as Debtor 1                 |
|            | Cartersviii       | e, GA 30121   | 2017 - 0/2020  |                                    |   | From-To:                           |
|            | ■ No<br>□ Yes. Ma | es include Árizona, Ca<br>ke sure you fill out <i>Scl</i> | lifornia, Idaho, Louisiana, Nev  | vada, New Mexico, Puerto R         | nity property state or territor<br>ico, Texas, Washington and V |                                    |
| Par        | t 2 Explain       | n the Sources of You                                      | r Income   |                                    |   |                                    |
| 4.         | Fill in the tota  | I amount of income yo                                     | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | ill businesses, including part     |   | ndar years?                        |
|            | □ No              |   |  |                                    |   |                                    |
|            | Yes. Fill         | in the details.   |  |                                    |   |                                    |
|            |                   |   | Debtor 1   |                                    | Debtor 2  |                                    |
|            |                   |   | Sources of income  | Gross income                       | Sources of income   | Gross income                       |
|            |                   |   | Check all that apply.  | (before deductions and exclusions) | Check all that apply.   | (before deductions and exclusions) |
| Fro        | m January 1       | of current year until                                     | <b>=</b> 14/   | \$15,148.96                        | □ Wages commissions   | 2.13 2.13.4010110)                 |
|            |                   | d for bankruptcy:   | ■ Wages, commissions, bonuses, tips  | φ13,140.90                         | ☐ Wages, commissions, bonuses, tips                             |                                    |
|            |                   |   | ☐ Operating a business   |                                    | ☐ Operating a business  |                                    |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 9 of 60

| Debte  | or 1 <u>Di</u>              | onna Shuntai Spivey                              | Documei<br>'  | _  | e number (if known)                              |   |
|--------|-----------------------------|--|---|--|--|---|
|        |                             |  | Deltand   |  | Dalitano   |   |
|        |                             |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.       | Gross income<br>(before deductions<br>and exclusions) |
|        |                             | dar year:<br>December 31, 2020 )                 | ■ Wages, commissions, bonuses, tips   | \$55,825.00  | ☐ Wages, commissions, bonuses, tips              |   |
|        |                             |  | ☐ Operating a business  |  | ☐ Operating a business                           |   |
|        |                             | dar year before that:<br>December 31, 2019)      | ■ Wages, commissions, bonuses, tips   | \$0.00   | ☐ Wages, commissions, bonuses, tips              |   |
|        |                             |  | ☐ Operating a business  |  | ☐ Operating a business                           |   |
| į      | ■ No                        | Fill in the details.                             | ome from each source separa   |  | ,  |   |
|        |                             |  | Debtor 1 Sources of income Describe below.  | Gross income from each source (before deductions and exclusions) | Debtor 2<br>Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
| Part : | 3: List                     | Certain Payments You                             | u Made Before You Filed for   | Bankruptcy   |  |   |
| _      | <b>Are eithe</b> i<br>☑ No. | Neither Debtor 1 nor lindividual primarily for a | 2's debts primarily consume<br>Debtor 2 has primarily consume<br>a personal, family, or househo<br>ore you filed for bankruptcy, di | umer debts. Consumer debts<br>Id purpose."                       |  | 01(8) as "incurred by an                              |
|        |                             | □ No. Go to line □ Yes List below                | 7.<br>each creditor to whom you pai   | d a total of \$6,825* or more i                                  | n one or more payments and                       | the total amount you                                  |
|        |                             | not include                                      | reditor. Do not include paymer<br>e payments to an attorney for the<br>nt on 4/01/22 and every 3 year                               | his bankruptcy case.   |  | ,   |
| ı      | Yes.                        |  | or both have primarily consu<br>ore you filed for bankruptcy, di  |  | of \$600 or more?                                |   |
|        |                             | ■ No. Go to line                                 | 7.  |  |  |   |

Dates of payment

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**Total amount** 

paid

Amount you

still owe

 $\square$  Yes

**Creditor's Name and Address** 

Was this payment for ...

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 10 of 60

| Deb   | otor 1          | Dionna Shuntai Spivey   | Document  | Page 10 of 60<br>Cas                                 | e number (if known)                         |                                |   |
|---|-----------------|---|---|--|---|--------------------------------|---|
| 7.  | Inside<br>of wh | n 1 year before you filed for bankrupt<br>ers include your relatives; any general pa<br>ich you are an officer, director, person in<br>iness you operate as a sole proprietor. 1<br>ny. | artners; relatives of any g<br>control, or owner of 20% | eneral partners; partne<br>o or more of their voting | rships of which you securities; and ar      | u are a gener<br>ny managing a | al partner; corporations agent, including one for |
|   | _               | No<br>Yes. List all payments to an insider.   |   |  |   |                                |   |
|   | Insid           | der's Name and Address  | Dates of payment  | Total amount paid                                    | Amount you still owe                        | Reason for                     | this payment                                      |
|   | Mor             | n   | 5/2021  | \$1,300.00   | \$4,000.00                                  | Repaid lo income at            | an from net bonus<br>t work.                      |
| <ul> <li>Within 1 year before you filed for bankruptcy, did you make any payments or transfe insider?         Include payments on debts guaranteed or cosigned by an insider.         </li> <li>No</li> <li>Yes. List all payments to an insider</li> <li>Insider's Name and Address</li> <li>Dates of payment</li> <li>Total amount</li> </ul> |                 |   |   |  | Amount you                                  | Reason for                     | r this payment                                    |
|   |                 |   |   | paid   | still owe                                   | Include cred                   | ditor's name                                      |
| 9.  | List a modif    | Identify Legal Actions, Repossession In 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes.  No Yes. Fill in the details.  | cy, were you a party in                                 | any lawsuit, court act                               | tion, or administra<br>n suits, paternity a | ative proceed ctions, suppo    | ding?<br>rt or custody                            |
|   |                 | e title<br>e number   | Nature of the case                                      | Court or agency                                      |   | Status of the                  | he case   |
| 10.   | Chec            | in 1 year before you filed for bankrupt k all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.   |   | perty repossessed, fo                                | oreclosed, garnis                           | hed, attache                   | d, seized, or levied?                             |
|   | Crec            | litor Name and Address  | Describe the Propert  Explain what happen               |  | Date  |                                | Value of the property                             |
| 11.   | acco            | in 90 days before you filed for bankru<br>unts or refuse to make a payment bec  |   |  | nancial institution                         | , set off any                  | amounts from your                                 |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Describe the action the creditor took

No

☐ Yes

☐ Yes. Fill in the details.

**Creditor Name and Address** 

Amount

Date action was

taken

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 11 of 60

Debtor 1 Dionna Shuntai Spivey Case number (if known)

| Pai | t 5: List Certain Gifts and Contributions  |  |                                   |                          |  |  |  |  |  |  |  |  |
|-----|--|--|-----------------------------------|--------------------------|--|--|--|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.   |  |                                   |                          |  |  |  |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts          | Value                    |  |  |  |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |  |                                   |                          |  |  |  |  |  |  |  |  |
| 14. | Within 2 years before you filed for bankrupto  No  Yes. Fill in the details for each gift or contr   | cy, did you give any gifts or contributions with a total   | al value of more than             | \$600 to any charity?    |  |  |  |  |  |  |  |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   |  | Dates you contributed             | Value                    |  |  |  |  |  |  |  |  |
| Pai | t 6: List Certain Losses   |  |                                   |                          |  |  |  |  |  |  |  |  |
| 15. | Within 1 year before you filed for bankruptcy or gambling?  No Yes. Fill in the details.   | y or since you filed for bankruptcy, did you lose any  | thing because of thef             | t, fire, other disaster, |  |  |  |  |  |  |  |  |
|     | how the loss occurred Inc  | scribe any insurance coverage for the loss lude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost   |  |  |  |  |  |  |  |  |
| Pai | t 7: List Certain Payments or Transfers  |  |                                   |                          |  |  |  |  |  |  |  |  |
| 16. | consulted about seeking bankruptcy or prepinclude any attorneys, bankruptcy petition prep  | y, did you or anyone else acting on your behalf pay opering a bankruptcy petition? arers, or credit counseling agencies for services require         |                                   | rty to anyone you        |  |  |  |  |  |  |  |  |
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |  |                                   |                          |  |  |  |  |  |  |  |  |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You   | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment        |  |  |  |  |  |  |  |  |
|     | Law Office of Jeffrey B. Kelly<br>107 E. Fifth Avenue<br>Rome, GA 30161  | \$600 to file chapter 7 (\$338 filing fee, \$20 credit counseling course, \$20 financial management course, \$222 attorney's fees)                   | May 11, 2021                      | \$600.00                 |  |  |  |  |  |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you are not include any payment or transfer that you have no |  | or transfer any propei            | rty to anyone who        |  |  |  |  |  |  |  |  |
|     | Yes. Fill in the details.  |  |                                   |                          |  |  |  |  |  |  |  |  |
|     | Person Who Was Paid<br>Address   | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment        |  |  |  |  |  |  |  |  |

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 12 of 60

Debtor 1 Dionna Shuntai Spivey

Case number (if known)

| 18.  | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |         |  |                 |                         |   |   |                       |                               |  |
|--|---|---|---------|--|-----------------|-------------------------|---|---|-----------------------|-------------------------------|--|
|  | Ad  | Yes. Fill in the details. rson Who Received Transfer dress  |         | Description and very property transfer   |                 |                         | payme                                     | ibe any property or<br>ents received or debts<br>n exchange |                       | Date transfer was<br>nade     |  |
|  | Per   | rson's relationship to you  |         |  |                 |                         |   |   |                       |                               |  |
| 19.  |   | Nithin 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a peneficiary? (These are often called asset-protection devices.)  No |         |  |                 |                         |   |   |                       |                               |  |
|  |   | Yes. Fill in the details.   |         |  |                 |                         |   |   |                       |                               |  |
|  | Naı   | me of trust   |         | Description and  | alue of the pro | operty                  | y trans                                   | ferred  |                       | Date Transfer was made        |  |
| Par  | t 8:  | List of Certain Financial Accounts, In  | strun   | nents, Safe Deposi   | t Boxes, and S  | Storag                  | e Unit                                    | s   |                       |                               |  |
| 20   | 18/:4L  |   |         | ara any financial as   |                 |                         | nto bo                                    | ld in varr name as far                                      |                       | r banafit alasad              |  |
| 20.  | solo  | nin 1 year before you filed for bankrupto<br>I, moved, or transferred?<br>ude checking, savings, money market,  | •       | •  |                 |                         |   | •   | •                     | ,                             |  |
|  | houses, pension funds, cooperatives, associations, and other financial institutions.  |   |         |  |                 |                         |   |   |                       |                               |  |
|  |   | No<br>Yes. Fill in the details.   |         |  |                 |                         |   |   |                       |                               |  |
|  |   |   | Lac     | et 4 digits of   | Type of acco    | ount c                  | \r  | Date account was  |                       | Last balance                  |  |
|  |   |   |         | Last 4 digits of Type of account account number instrument                           |                 | ount o                  | closed, sold,<br>moved, or<br>transferred |   |                       | before closing or<br>transfer |  |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any sat<br>cash, or other valuables? |   |   |         |  | afe dep         | oosit box or other depo | sito                                      | ry for securities,  |                       |                               |  |
|  |   | No  |         |  |                 |                         |   |   |                       |                               |  |
|  |   | Yes. Fill in the details.   |         |  |                 |                         |   |   |                       |                               |  |
|  |   | me of Financial Institution<br>dress (Number, Street, City, State and ZIP Code)   |         | Who else had acc<br>Address (Number, S<br>State and ZIP Code)                        |                 | Des                     | scribe                                    | the contents  |                       | Do you still have it?         |  |
| 22.  | Hav   | e you stored property in a storage unit   | or pla  | ace other than you   | r home within   | 1 yeaı                  | r befor                                   | e you filed for bankrup                                     | tcy?                  | ,                             |  |
|  |   | No  |         |  |                 |                         |   |   |                       |                               |  |
|  |   | Yes. Fill in the details.   |         |  |                 |                         |   |   |                       |                               |  |
|  |   | me of Storage Facility dress (Number, Street, City, State and ZIP Code)   |         | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |                 | scribe                  | the contents                              |   | Do you still have it? |                               |  |
| Par  | t 9:  | Identify Property You Hold or Control   | l for S | Somoono Elso   |                 |                         |   |   |                       |                               |  |
| 23.  |   | you hold or control any property that so  |         |  | ude any prope   | rty yo                  | u borr                                    | owed from, are storing                                      | ı for,                | , or hold in trust            |  |
|  | for s   | someone.  |         |  |                 |                         |   |   |                       |                               |  |
|  | _   | No<br>Yes. Fill in the details.   |         |  |                 |                         |   |   |                       |                               |  |
|  | Owner's Name Address (Number, Street, City, State and ZIP Code)   |   |         | Where is the property? (Number, Street, City, State and ZIP                          |                 | Des                     | Describe the property                     |   |                       | Value                         |  |
|  |   |   |         | Code)  |                 |                         |   |   |                       |                               |  |
| Par  | t 10:   | Give Details About Environmental Inf  | iorma   | ntion  |                 |                         |   |   |                       |                               |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 13 of 60

Debtor 1 Dionna Shuntai Spivey

Case number (if known)

|     | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |        |  |            |  |                    |  |  |  |  |  |
|-----|--|--|--------|--|------------|--|--------------------|--|--|--|--|--|
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.             |  |        |  |            |  |                    |  |  |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.                          |  |        |  |            |  |                    |  |  |  |  |  |
| Rep | ort a  | II notices, releases, and proceedings that   | at yo  | u know about, regardless of wher   | n the      | ey occurred.   |                    |  |  |  |  |  |
| 24. | . Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |  |        |  |            |  |                    |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |        |  |            |  |                    |  |  |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)   |        | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d          | Environmental law, if you know it                                      | Date of notice     |  |  |  |  |  |
| 25. | Hav  | e you notified any governmental unit of  | any    | release of hazardous material?   |            |  |                    |  |  |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |        |  |            |  |                    |  |  |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)   |        | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d          | Environmental law, if you know it                                      | Date of notice     |  |  |  |  |  |
| 26. | Hav  | e you been a party in any judicial or adn  | minis  | trative proceeding under any envi  | ron        | mental law? Include settlements a                                      | and orders.        |  |  |  |  |  |
|     | ■ No   |  |        |  |            |  |                    |  |  |  |  |  |
|     |  | Yes. Fill in the details.  |        |  |            |  |                    |  |  |  |  |  |
|     | Case Title<br>Case Number  |  |        | Court or agency Name Address (Number, Street, City, State and ZIP Code)    |            | ture of the case   | Status of the case |  |  |  |  |  |
| Par | t 11:  | Give Details About Your Business or  | Con    | nections to Any Business   |            |  |                    |  |  |  |  |  |
| 27. | Witl   | nin 4 years before you filed for bankrupt  | tcy, d | lid you own a business or have an  | ıy of      | the following connections to any                                       | / business?        |  |  |  |  |  |
|     |  | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |        |  |            |  |                    |  |  |  |  |  |
|     |  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |        |  |            |  |                    |  |  |  |  |  |
|     |  | ☐ A partner in a partnership   |        |  |            |  |                    |  |  |  |  |  |
|     |  | ☐ An officer, director, or managing exc  | ecuti  | ive of a corporation   |            |  |                    |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |        |  |            |  |                    |  |  |  |  |  |
|     | No. None of the above applies. Go to Part 12.  |  |        |  |            |  |                    |  |  |  |  |  |
|     | _  | Yes. Check all that apply above and fill   |        |  | <b>S</b> . |  |                    |  |  |  |  |  |
|     |  | siness Name  |        | scribe the nature of the business  |            | Employer Identification number   | r                  |  |  |  |  |  |
|     |  | dress<br>mber, Street, City, State and ZIP Code)   | Naı    | me of accountant or bookkeeper   |            | Do not include Social Security number or ITIN.  Dates business existed |                    |  |  |  |  |  |
| 28. |  | nin 2 years before you filed for bankrupt itutions, creditors, or other parties.   | tcy, d | lid you give a financial statement t                                       | to aı      | nyone about your business? Inclu                                       | ude all financial  |  |  |  |  |  |
|     |  | No   |        |  |            |  |                    |  |  |  |  |  |
|     |  | Yes. Fill in the details below.  |        |  |            |  |                    |  |  |  |  |  |
|     |  | me<br>dress<br>mber, Street, City, State and ZIP Code)   | Dat    | te Issued  |            |  |                    |  |  |  |  |  |
|     |  |  |        |  |            |  |                    |  |  |  |  |  |

Part 12: Sign Below

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 14 of 60

Debtor 1 Dionna Shuntai Spivey Case number (if known)

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Dionna Shuntai Spivey

Dionna Shuntai Spivey

Signature of Debtor 2

Signature of Debtor 1

Date May 25, 2021

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 15 of 60

|                   |                          |   | Document   | Page 15 of 60                    |                              |                          |
|-------------------|--------------------------|---|--|----------------------------------|------------------------------|--------------------------|
| Fill in this      | s informa                | ation to identify your                            | case and this filing:  |                                  |                              |                          |
| Debtor 1          |                          | Dionna Shuntai S                                  | Snivey   |                                  |                              |                          |
| Dobto. 1          |                          | First Name  | Middle Name  | Last Name                        |                              |                          |
| Debtor 2          |                          |   |  |                                  |                              |                          |
| (Spouse, if fi    | ling)                    | First Name  | Middle Name  | Last Name                        |                              |                          |
| United Sta        | ates Banl                | kruptcy Court for the:                            | NORTHERN DISTRICT OF GE  | EORGIA                           |                              |                          |
| 0                 |                          |   |  |                                  |                              | _                        |
| Case num          | nber                     |   |  |                                  |                              | ☐ Check if this is an    |
|                   |                          |   |  |                                  |                              | amended filing           |
|                   |                          |   |  |                                  |                              |                          |
| Officia           | al For                   | m 106A/B  |  |                                  |                              |                          |
| Sche              | dule                     | A/B: Prop   | ortv   |                                  |                              | 12/15                    |
|                   |                          |   | e items. List an asset only once. I                                      | f an accat fits in mare than ar  | a catagory list the asset in |                          |
| think it fits     | best. Be                 | as complete and accura<br>space is needed, attach | ate as possible. If two married peo<br>a separate sheet to this form. On | ple are filing together, both ar | e equally responsible for su | pplying correct          |
| Part 1: D         | escribe E                | ach Residence, Buildin                            | g, Land, or Other Real Estate You (                                      | Own or Have an Interest In       |                              |                          |
| 1. Do you o       | own or ha                | ve any legal or equitabl                          | e interest in any residence, buildin                                     | g, land, or similar property?    |                              |                          |
| _ `               |                          |   | •  |                                  |                              |                          |
| No. G             | So to Part 2             | 2.  |  |                                  |                              |                          |
| ☐ Yes.            | Where is t               | he property?                                      |  |                                  |                              |                          |
|                   |                          |   |  |                                  |                              |                          |
| Part 2: D         | escribe Y                | our Vehicles                                      |  |                                  |                              |                          |
|                   | -                        |   |  |                                  |                              |                          |
|                   |                          |   | uitable interest in any vehicles   |                                  |                              | ehicles you own that     |
| someone e         | eise arive               | s. If you lease a venic                           | le, also report it on Schedule G:  | Executory Contracts and Ur       | nexpirea Leases.             |                          |
| 3. <b>Cars, v</b> | ans, truc                | ks, tractors, sport u                             | tility vehicles, motorcycles   |                                  |                              |                          |
| □ No              |                          |   |  |                                  |                              |                          |
| _                 |                          |   |  |                                  |                              |                          |
| Yes               |                          |   |  |                                  |                              |                          |
|                   |                          | •   |  |                                  | Do not deduct secured cl     | aims or exemptions. But  |
| 3.1 Ma            |                          | issan   | Who has an interest in   | the property? Check one          | the amount of any secure     | ed claims on Schedule D: |
|                   |                          | Itima   | Debtor 1 only  |                                  | Creditors Who Have Clair     | ms Secured by Property.  |
| Yea               |                          | 015   | Debtor 2 only  |                                  | Current value of the         | Current value of the     |
|                   | proximate<br>ner informa |   | Debtor 1 and Debtor 2  | •                                | entire property?             | portion you own?         |
| Oii               | iei iiiioiiiia           | uion.   | At least one of the de   | otors and another                |                              |                          |
|                   |                          |   | Check if this is com (see instructions)                                  | munity property                  | \$6,000.00                   | \$6,000.00               |
| Example<br>_      | ,                        |   | TVs and other recreational velonal watercraft, fishing vessels,          | ,                                |                              |                          |
| ■ No              |                          |   |  |                                  |                              |                          |
| ☐ Yes             |                          |   |  |                                  |                              |                          |
|                   |                          |   |  |                                  |                              |                          |
|                   |                          |   |  |                                  |                              |                          |
|                   |                          |   | you own for all of your entries  |                                  |                              | \$6,000.00               |
| .pages            | you hav                  | e attached for Part 2                             | . Write that number here   |                                  | =>                           | Ψ0,000.00                |
| Dowt 2            | aaadh : Y                | nus Basecanta (1.11)                              | ah ald Itawa   |                                  |                              |                          |
|                   |                          | our Personal and Hous                             | enold items<br>able interest in any of the folio                         | wing items?                      |                              | Current value of the     |
| DO you o          | wii or na                | ive any legal or equi                             | able interest in any of the folio  | wing items :                     |                              | oortion you own?         |
|                   |                          |   |  |                                  | j                            | Do not deduct secured    |
|                   |                          |   |  |                                  |                              | claims or exemptions.    |

Official Form 106A/B Schedule A/B: Property page 1

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 16 of 60

| De  | ebtor 1                           | Dionna Shur  | ntai Spivey  | Case number (if knowl   | n)                                |
|-----|-----------------------------------|--|--|-------------------------|-----------------------------------|
| 6.  |                                   | old goods and f<br>es: Major applian                     | urnishings<br>ces, furniture, linens, china, kitchenware   |                         |                                   |
|     | Yes.                              | Describe   |  |                         |                                   |
|     |                                   |  | Household Items (no single item over \$300)  |                         | \$2,500.00                        |
| 7.  | □ No                              | es: Televisions a  | nd radios; audio, video, stereo, and digital equipment; computers, prir<br>phones, cameras, media players, games | nters, scanners; music  | collections; electronic devices   |
|     |                                   |  | Electronics  |                         | \$300.00                          |
| 8.  | Example  No                       | bles of value<br>es: Antiques and<br>other collection    | figurines; paintings, prints, or other artwork; books, pictures, or other ons, memorabilia, collectibles         | art objects; stamp, co  | in, or baseball card collections; |
| 9.  |                                   | ent for sports al<br>es: Sports, photo<br>musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, $\mathfrak q$                               | golf clubs, skis; canoe | s and kayaks; carpentry tools;    |
|     | _                                 | Describe   |  |                         |                                   |
| 10. | . <b>Firearn</b><br>Examp<br>■ No |  | s, shotguns, ammunition, and related equipment   |                         |                                   |
|     | ☐ Yes.                            | Describe   |  |                         |                                   |
| 11. | □ No ´                            | oles: Everyday cl  | othes, furs, leather coats, designer wear, shoes, accessories  |                         |                                   |
|     | ■ Yes.                            | Describe   |  |                         | ****                              |
|     |                                   |  | Clothes  |                         | \$100.00                          |
| 12. | □ No                              |  | welry, costume jewelry, engagement rings, wedding rings, heirloom je   | welry, watches, gems    | , gold, silver                    |
|     |                                   |  | Jewelry  |                         | \$100.00                          |
| 13. | Examp<br>■ No                     | rm animals<br>bles: Dogs, cats,                          | pirds, horses  |                         |                                   |
| 14. | -                                 | her personal an  | d household items you did not already list, including any health a   | aids you did not list   |                                   |
|     | ■ No<br>□ Yes.                    | Give specific info                                       | ormation   |                         |                                   |
| 15  |                                   |  | of all of your entries from Part 3, including any entries for pages  | you have attached       | \$3,000.00                        |

Official Form 106A/B Schedule A/B: Property page 2

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 17 of 60

| De  | ebtor 1           | Dionna Shuntai Spivey   | Case nun  | nber (if known)   |
|-----|-------------------|---|---|---|
| Do  | rt 41 D           | Describe Your Financial Assets  |   |   |
|     |                   | own or have any legal or equitable interest in ar   | ny of the following?                                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | □ No              | nples: Money you have in your wallet, in your homes.  |   | file your petition  |
|     |                   |   | Cash  | \$25.00   |
| 17. |                   | sits of money nples: Checking, savings, or other financial accour institutions. If you have multiple accounts w   |   | ns, brokerage houses, and other similar   |
|     |                   | S   | Institution name:                                   |   |
|     |                   | 17.1. Checking  | Wells Fargo Bank                                    | \$500.00  |
| 18. | Exan              | ls, mutual funds, or publicly traded stocks inples: Bond funds, investment accounts with broke  |   |   |
| 19. | Non- <sub>l</sub> | publicly traded stock and interests in incorpora<br>venture   | nted and unincorporated businesses, includi         | ing an interest in an LLC, partnership, and                                       |
|     | ■ No              |   |   |   |
|     | ☐ Yes             | s. Give specific information about them  Name of entity:  | % of own  | nership:  |
| 20. | Nego              | rnment and corporate bonds and other negotia<br>bitiable instruments include personal checks, cashion<br>egotiable instruments are those you cannot trans | ers' checks, promissory notes, and money order      | rs.   |
|     | _                 | s. Give specific information about them<br>Issuer name:   |   |   |
| 21. | Exan<br>□ No      | ement or pension accounts  nples: Interests in IRA, ERISA, Keogh, 401(k), 403   | (b), thrift savings accounts, or other pension or   | profit-sharing plans  |
|     | ■ Yes             | s. List each account separately.  Type of account:  | Institution name:                                   |   |
|     |                   | 401k  | 401k  | \$4,000.00  |
|     | Your<br>Exan      | rity deposits and prepayments<br>share of all unused deposits you have made so th<br>apples: Agreements with landlords, prepaid rent, pu                  | blic utilities (electric, gas, water), telecommunic |   |
|     |                   | s  ities (A contract for a periodic payment of money)   | Institution name or individual:                     |   |
|     | ■ No              | Issuer name and description.  |   |   |
| 24. | 26 U.S            | sts in an education IRA, in an account in a qua<br>S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   | lified ABLE program, or under a qualified sta       | ate tuition program.  |
|     | ■ No<br>□ Yes     | S Institution name and description.   | Separately file the records of any interests.11 U.  | .S.C. § 521(c):   |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 18 of 60

Dionna Shuntai Spivey Case number (if known)

| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercis  No   | able for your benefit   |
|-----|--|---|
|     | ☐ Yes. Give specific information about them  |   |
| 26. | Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  No                                       |   |
|     | ☐ Yes. Give specific information about them  |   |
| 27. | Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  ■ No                                    |   |
|     | ☐ Yes. Give specific information about them  |   |
| M   | oney or property owed to you?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you  |   |
|     | ■ No   |   |
|     | ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   |
| 20  | Family support   |   |
| 29. | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property sett   | lement  |
|     | ■ No   |   |
|     | Yes. Give specific information   |   |
| 30. | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation benefits; unpaid loans you made to someone else              | ion, Social Security  |
|     | ■ No   |   |
|     | Yes. Give specific information   |   |
| 31. | Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance   |   |
|     | ■ No   |   |
|     | Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  | Surrender or refund value:  |
| 32. | Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive someone has died. | property because  |
|     | ■ No □ Yes. Give specific information  |   |
|     | Tes. Give specific information.  |   |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  |   |
|     | ☐ Yes. Describe each claim   |   |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set  | off claims  |
|     | ☐ Yes. Describe each claim   |   |
| 35. | Any financial assets you did not already list  |   |
|     | ■ No   |   |
|     | ☐ Yes. Give specific information   |   |

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 19 of 60

| Debi         | tor 1 Dionna Shuntai Spivey   |                              | Case number (if known) |                   |
|--------------|---|------------------------------|------------------------|-------------------|
| 36.          | Add the dollar value of all of your entries from Part 4, includ for Part 4. Write that number here  |                              | •                      | \$4,525.00        |
| Part         | 5: Describe Any Business-Related Property You Own or Have an Inter-   | erest In. List any real esta | te in Part 1.          |                   |
| 37. <b>D</b> | o you own or have any legal or equitable interest in any business-rela  | ated property?               |                        |                   |
|              | No. Go to Part 6.   |                              |                        |                   |
|              | Yes. Go to line 38.   |                              |                        |                   |
| Part         | 6: Describe Any Farm- and Commercial Fishing-Related Property You lif you own or have an interest in farmland, list it in Part 1.                     | ou Own or Have an Interes    | t In.                  |                   |
| 46. <b>C</b> | Oo you own or have any legal or equitable interest in any farm  | n- or commercial fishin      | g-related property?    |                   |
|              | No. Go to Part 7.   |                              |                        |                   |
|              | ☐ Yes. Go to line 47.   |                              |                        |                   |
| Part         | 7: Describe All Property You Own or Have an Interest in That You  | ou Did Not List Above        |                        |                   |
|              | Do you have other property of any kind you did not already lis  Examples: Season tickets, country club membership  No  Yes. Give specific information | st?                          |                        |                   |
| 54.          | Add the dollar value of all of your entries from Part 7. Write t  | that number here             |                        | \$0.00            |
| Part         | 8: List the Totals of Each Part of this Form  |                              |                        |                   |
| 55.          | Part 1: Total real estate, line 2   |                              |                        | \$0.00            |
|              | Part 2: Total vehicles, line 5  | \$6,000.00                   |                        |                   |
| 57.          | Part 3: Total personal and household items, line 15   | \$3,000.00                   |                        |                   |
| 58.          | Part 4: Total financial assets, line 36   | \$4,525.00                   |                        |                   |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                       |                        |                   |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                       |                        |                   |
| 61.          | Part 7: Total other property not listed, line 54  | + \$0.00                     |                        |                   |
| 62.          | Total personal property. Add lines 56 through 61  | \$13,525.00                  | Copy personal property | total \$13,525.00 |
|              |   |                              |                        | 1                 |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$13,525.00

## Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 20 of 60

| Fill in this information to identify your case: |                                |   |   |  |  |  |
|---|--------------------------------|---|---|--|--|--|
| Dionna Shuntai S                                | Spivey                         |   |   |  |  |  |
| First Name                                      | Middle Name                    | Last Name   |   |  |  |  |
|   |                                |   |   |  |  |  |
| First Name                                      | Middle Name                    | Last Name   |   |  |  |  |
| ankruptcy Court for the:                        | NORTHERN DISTRICT              | OF GEORGIA  |   |  |  |  |
|   |                                |   |   | ☐ Check if this is an amended filing   |  |  |
|   | Dionna Shuntai S<br>First Name | Dionna Shuntai Spivey       First Name     Middle Name       First Name     Middle Name | Dionna Shuntai Spivey       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name | Dionna Shuntai Spivey  First Name Middle Name Last Name  First Name Middle Name Last Name  Inkruptcy Court for the: NORTHERN DISTRICT OF GEORGIA |  |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| s that allow exemption |
|------------------------|
| § 44-13-100(a)(4)      |
| § 44-13-100(a)(4)      |
|                        |
|                        |
| § 44-13-100(a)(4)      |
|                        |
| § 44-13-100(a)(4)      |
|                        |
| § 44-13-100(a)(5)      |
|                        |
| § 44-13-100(a)(6)      |
|                        |
|                        |

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 21 of 60

| Deb | btor 1 Dionna Shuntai Spivey  |                                      |         | Case number (if known)  |                                    |
|-----|---|--------------------------------------|---------|---|------------------------------------|
|     | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|     |   | Copy the value from<br>Schedule A/B  | Che     | ck only one box for each exemption.                             |                                    |
|     | Checking: Wells Fargo Bank Line from Schedule A/B: 17.1                             | \$500.00                             |         | \$500.00  | O.C.G.A. § 44-13-100(a)(6)         |
|     | Line IIoni Schedule A/B. 1111   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | 401k: 401k<br>Line from Schedule A/B: 21.1  | \$4,000.00                           |         | \$4,000.00  | O.C.G.A. § 18-4-22                 |
|     | Line Holli Golledale A/D. 2111  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3.  | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every  |                                      |         | led on or after the date of adjustmer                           | nt.)                               |
|     | ☐ Yes. Did you acquire the property cover   | red by the exemption wi              | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|     | □ No  |                                      |         |   |                                    |
|     | П Уде   |                                      |         |   |                                    |

## Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main

|                                 |                           | Document   | Page 22          | of 60  |  |                             |
|---------------------------------|---------------------------|--|------------------|--|--|-----------------------------|
| Fill in this inform             | ation to identify you     | ır case:   |                  |  |  |                             |
| Debtor 1                        | Dionna Shuntai            | Spivey   |                  |  |  |                             |
|                                 | First Name                | Middle Name  | Last Name        |  |  |                             |
| Debtor 2<br>(Spouse if, filing) | First Name                | Middle Name  | Last Name        |  |  |                             |
| United States Ban               | kruptcy Court for the     | : NORTHERN DISTRICT OF GI  | FORGIA           |  |  |                             |
| Sintod States Barr              | mapley Countries and      |  |                  | -  |  |                             |
| Case number                     |                           |  |                  |  | □ Chook  | if this is an               |
| (ii kilowii)                    |                           |  |                  |  | _  | if this is an<br>ded filing |
| Official Farms                  | 400D                      |  |                  |  |  |                             |
| Official Form                   |                           | . \\\\\\ -       O  - !  | C                | -l le Done e t-  | _  |                             |
| Schedule i                      | D: Creditors              | Who Have Claims  | Secure           | a by Property  | <u>y                                    </u>       | 12/15                       |
|                                 |                           | If two married people are filing togeth out, number the entries, and attach it   |                  |  |  |                             |
| number (if known).              | •                         |  |                  | , ,  |  |                             |
| _ `                             | nave claims secured b     |  |                  |  |  |                             |
| _                               |                           | his form to the court with your other  | r schedules. Y   | ou have nothing else to                                | o report on this form.                             |                             |
|                                 | all of the information    | below.   |                  |  |  |                             |
| Part 1: List All                | Secured Claims            |  |                  | Column A   | Column B   | Column C                    |
| for each claim. If mo           | ore than one creditor has | more than one secured claim, list the cre<br>s a particular claim, list the other creditor<br>ical order according to the creditor's nan | rs in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion           |
| 2.1 Bridgecres Drivetime        | st Formerly               | Describe the property that secures   | the claim:       | \$12,099.00  | \$6,000.00   | \$6,099.00                  |
| Creditor's Name                 |                           | 2015 Nissan Altima   |                  |  |  |                             |
|                                 |                           |  |                  |  |  |                             |
| PO Box 29                       |                           | As of the date you file, the claim is:<br>apply.   | Check all that   |  |  |                             |
| Phoenix, A                      |                           | Contingent   |                  |  |  |                             |
| Number, Street, 0               | City, State & Zip Code    | ☐ Unliquidated   |                  |  |  |                             |
| Who owes the deb                | ot? Check one.            | ☐ Disputed  Nature of lien. Check all that apply.  |                  |  |  |                             |
| ■ Debtor 1 only                 |                           | ☐ An agreement you made (such as   | mortgage or sec  | cured  |  |                             |
| Debtor 2 only                   |                           | car loan)  |                  |  |  |                             |
| Debtor 1 and Deb                | otor 2 only               | ☐ Statutory lien (such as tax lien, me   | echanic's lien)  |  |  |                             |
| ☐ At least one of the           | e debtors and another     | ☐ Judgment lien from a lawsuit   |                  |  |  |                             |
| ☐ Check if this cla             |                           | ☐ Other (including a right to offset)  |                  |  |  |                             |
| Date debt was incu              | rred <u>06-11-2018</u>    | Last 4 digits of account num   | nber 2701        |  |  |                             |
|                                 |                           |  |                  |  |  |                             |
| Add the dollar val              | ue of vour entries in C   | column A on this page. Write that num  | nher here:       | \$12,09  | 9 00   |                             |
|                                 | •                         | the dollar value totals from all pages   |                  | \$12,03  |  |                             |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$12,099.00

Write that number here:

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 23 of 60

|                                       |  | Document  | Page 23 of 6   | 60                       |                      |                                |
|---------------------------------------|--|---|--|--------------------------|----------------------|--------------------------------|
| Fill in this inform                   | nation to identify your case   | :   |  |                          |                      |                                |
| Debtor 1                              | Dionna Shuntai Spive   | .v  |  |                          |                      |                                |
|                                       | First Name   | Middle Name   | Last Name  |                          |                      |                                |
| Debtor 2<br>(Spouse if, filing)       | First Name   | Middle Name   | Last Name  |                          |                      |                                |
| United States Bar                     | nkruptcy Court for the: NC   | ORTHERN DISTRICT OF   | GEORGIA  |                          |                      |                                |
|                                       |  |   |  |                          |                      |                                |
| Case number _                         |  |   |  |                          |                      |                                |
| (if known)                            |  |   |  |                          | _                    | k if this is an<br>nded filing |
| Official Form                         | 106E/E   |   |  |                          |                      |                                |
|                                       | /F: Creditors Who  | Have Uncour   | nd Claime  |                          |                      | 12/15                          |
|                                       | d accurate as possible. Use Par  |   |  |                          |                      | ,.,                            |
| Schedule D: Credite                   | tory Contracts and Unexpired I<br>ors Who Have Claims Secured<br>tinuation Page to this page. If y<br>nber (if known).                         | by Property. If more space                                    | is needed, copy the Par                                      | t you need, fill it out, | number the entries   | in the boxes on the            |
| Part 1: List Al                       | I of Your PRIORITY Unsecu  | ured Claims   |  |                          |                      |                                |
| 1. Do any credito                     | ors have priority unsecured clai   | ims against you?  |  |                          |                      |                                |
| ☐ No. Go to P                         | art 2.   |   |  |                          |                      |                                |
| Yes.                                  |  |   |  |                          |                      |                                |
| identify what type possible, list the | priority unsecured claims. If a pe of claim it is. If a claim has bot a claims in alphabetical order acceptant one creditor holds a particular | h priority and nonpriority am<br>ording to the creditor's nam | ounts, list that claim here a<br>e. If you have more than tv | and show both priority a | and nonpriority amou | ints. As much as               |
| (For an explana                       | ation of each type of claim, see th  | e instructions for this form in                               | n the instruction booklet.)                                  |                          |                      |                                |
|                                       | ,  |   | ,  | Total claim              | Priority amount      | Nonpriority amount             |
|                                       | Department of Revenue  | Last 4 digits of ac   | count number   | \$0.00                   | \$0.0                | 0 \$0.00                       |
| Bankru                                | editor's Name ptcy Section   | When was the deb  | ot incurred?   |                          | -                    |                                |
| PO Box                                | 161108<br>GA 30321-1108  |   |  |                          |                      |                                |
|                                       | treet City State Zip Code  | As of the date you  | file, the claim is: Check                                    | all that apply           |                      |                                |
| Who incurred                          | the debt? Check one.   | ☐ Contingent  |  |                          |                      |                                |
| ■ Debtor 1 o                          | nly  | ☐ Unliquidated  |  |                          |                      |                                |
| Debtor 2 o                            | nly  | ☐ Disputed  |  |                          |                      |                                |
| Debtor 1 a                            | and Debtor 2 only  | Type of PRIORITY  | unsecured claim:   |                          |                      |                                |
| _                                     | e of the debtors and another   | ☐ Domestic suppo  | ort obligations  |                          |                      |                                |
| _                                     | his claim is for a community d   | ebt Taxes and certa   | ain other debts you owe the                                  | government               |                      |                                |
|                                       | subject to offset?   |   | n or personal injury while y                                 | •                        |                      |                                |
| ■ No                                  |  | Other. Specify  |  |                          |                      |                                |
| ☐ Yes                                 |  |   | Notice Only  |                          |                      | _                              |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 24 of 60

| Debte  | or 1 Dionna Shuntai Spivey                               | Case numb  | er (if known)        |             |        |  |  |  |
|--------|--|--|----------------------|-------------|--------|--|--|--|
| 2.2    | Internal Revenue Service Priority Creditor's Name        | Last 4 digits of account number  | \$12,000.00          | \$12,000.00 | \$0.00 |  |  |  |
|        | PO Box 7346<br>Philadelphia, PA 19101-7346               | When was the debt incurred?  |                      |             |        |  |  |  |
|        | Number Street City State Zip Code                        | As of the date you file, the claim is: Check all that  | t apply              |             |        |  |  |  |
|        | Who incurred the debt? Check one.                        | ☐ Contingent   |                      |             |        |  |  |  |
|        | ■ Debtor 1 only  | ☐ Unliquidated   |                      |             |        |  |  |  |
|        | Debtor 2 only  | ☐ Disputed   |                      |             |        |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                             | Type of PRIORITY unsecured claim:  |                      |             |        |  |  |  |
|        | ☐ At least one of the debtors and another                | ☐ Domestic support obligations   |                      |             |        |  |  |  |
|        | ☐ Check if this claim is for a community debt            | ■ Taxes and certain other debts you owe the gove   | rnment               |             |        |  |  |  |
|        | Is the claim subject to offset?                          | ☐ Claims for death or personal injury while you wer  |                      |             |        |  |  |  |
|        | ■ No   |  |                      |             |        |  |  |  |
|        | ■ No □ Other. Specify □ Other.                           |  |                      |             |        |  |  |  |
|        |  |  |                      |             |        |  |  |  |
| Part : | 2: List All of Your NONPRIORITY Unsecu                   | red Claims   |                      |             |        |  |  |  |
| 3. D   | o any creditors have nonpriority unsecured claim         | s against you?   |                      |             |        |  |  |  |
|        | No. You have nothing to report in this part. Submit      | this form to the court with your other schedules.  |                      |             |        |  |  |  |
|        | 5 ,  | ,  |                      |             |        |  |  |  |
| •      | Yes.   |  |                      |             |        |  |  |  |
|        |  | alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i |                      |             |        |  |  |  |
| th     | an one creditor holds a particular claim, list the other | creditors in Part 3.If you have more than three nonprior   |                      |             |        |  |  |  |
| Р      | art 2.   |  |                      | Total claim |        |  |  |  |
| 44     | A CO (No. 1) Education                                   | Look & distance of account mountain  |                      | Total Glain | _      |  |  |  |
| 4.1    | ACS/NeInet Education Nonpriority Creditor's Name         | Last 4 digits of account number  |                      |             | \$0.00 |  |  |  |
|        | 501 Bleeker Street                                       | When was the debt incurred?  |                      |             |        |  |  |  |
|        | Utica, NY 13501  Number Street City State Zip Code       | As of the date you file, the claim is: Check all t   | hat annly            |             |        |  |  |  |
|        | Who incurred the debt? Check one.                        | As of the date you me, the claim is. Check an t  | пат арріу            |             |        |  |  |  |
|        | Debtor 1 only  | ☐ Contingent   |                      |             |        |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |                      |             |        |  |  |  |
|        | Debtor 1 and Debtor 2 only                               | ☐ Disputed   |                      |             |        |  |  |  |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:   |                      |             |        |  |  |  |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans  |                      |             |        |  |  |  |
|        | debt   | ☐ Obligations arising out of a separation agreen   | nent or divorce that | you did not |        |  |  |  |
|        | Is the claim subject to offset?                          | report as priority claims  |                      | •           |        |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing plans, and  | other similar debts  |             |        |  |  |  |
|        | Yes  | ■ Other. Specify Notice Only   |                      |             |        |  |  |  |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 25 of 60

| Debto | Dionna Shuntai Spivey  | Case number (if known)  |          |
|-------|--|---|----------|
| 4.2   | Affirm Inc   | Last 4 digits of account number 10SB  | \$299.00 |
|       | Nonpriority Creditor's Name 633 Folsom St FI 7                               | When was the debt incurred? 04-16-2020  |          |
|       | San Francisco, CA 94107  Number Street City State Zip Code                   | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.  | ,   |          |
|       | Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
|       | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community                                     | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|       | Yes  | Other. Specify Unsecured  |          |
| 4.3   | Capital One Bank USA NA  | Last 4 digits of account number 7805  | \$955.00 |
|       | Nonpriority Creditor's Name<br>10700 Capital One Way<br>Glen Allen, VA 23060 | When was the debt incurred? 05-27-2018  |          |
|       | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.  |   |          |
|       | ■ Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|       | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community                                     | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | Yes  | Other Specify Credit Card   |          |
| 4.4   | Comenity Bank/Wayfair Car  | Last 4 digits of account number 8850  | \$362.00 |
|       | Nonpriority Creditor's Name PO Box 182789                                    | When was the debt incurred? 04-28-2020  |          |
|       | Columbus, OH 43218  Number Street City State Zip Code                        | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.  | ne et alle yeu me, me etami let erleek dir mat appry  |          |
|       | ■ Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
|       | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community                                     | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | ☐ Yes  | ■ Other Specify Charge Card   |          |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 26 of 60

| Debt | or 1 Dionna Shuntai Spivey                                   | Case number (if known)                                       |  |            |  |
|------|--|--|--|------------|--|
| 4.5  | Equifax  | Last 4 digits of account number                              |  | \$0.00     |  |
|      | Nonpriority Creditor's Name PO Box 740241                    | When was the debt incurred?                                  |  |            |  |
|      | Atlanta, GA 30374-0241  Number Street City State Zip Code    | As of the date you file, the claim                           | is: Chack all that apply                     |            |  |
|      | Who incurred the debt? Check one.                            | As of the date you me, the olding                            | S. Offect all that apply                     |            |  |
|      | ■ Debtor 1 only  | ☐ Contingent   |  |            |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |            |  |
|      | Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |  |            |  |
|      | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |  |
|      | ☐ Check if this claim is for a community                     | ☐ Student loans  |  |            |  |
|      | debt   | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not |            |  |
|      | Is the claim subject to offset?                              | report as priority claims                                    | ,  |            |  |
|      | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |  |
|      | Yes  | Other. Specify Notice Only                                   | <u> </u>                                     |            |  |
| 4.6  | Experian   | Last 4 digits of account number                              |  | \$0.00     |  |
|      | Nonpriority Creditor's Name PO Box 9701 Allen, TX 75013-9701 | When was the debt incurred?                                  |  |            |  |
|      | Number Street City State Zip Code                            | As of the date you file, the claim                           |  |            |  |
|      | Who incurred the debt? Check one.                            | •  |  |            |  |
|      | Debtor 1 only  | ☐ Contingent   |  |            |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |            |  |
|      | Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |  |            |  |
|      | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |  |
|      | ☐ Check if this claim is for a community                     | ☐ Student loans  |  |            |  |
|      | debt   |  | ration agreement or divorce that you did not |            |  |
|      | Is the claim subject to offset?                              | report as priority claims                                    |  |            |  |
|      | ■ No   | Debts to pension or profit-sharing                           |  |            |  |
|      | Yes  | Other. Specify Notice Only                                   | <u>/</u>                                     |            |  |
| 4.7  | Grain Technology Inc   | Last 4 digits of account number                              | 1605   | \$1,021.00 |  |
|      | Nonpriority Creditor's Name 505 14th St Oakland, CA 94612    | When was the debt incurred?                                  | 10-21-2020                                   |            |  |
|      | Number Street City State Zip Code                            | As of the date you file, the claim                           | is: Check all that apply                     |            |  |
|      | Who incurred the debt? Check one.                            |  |  |            |  |
|      | Debtor 1 only  | ☐ Contingent   |  |            |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |            |  |
|      | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed   |  |            |  |
|      | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 |  |            |  |
|      | ☐ Check if this claim is for a community                     | ☐ Student loans  |  |            |  |
|      | debt   | Obligations arising out of a sepa                            |  |            |  |
|      | Is the claim subject to offset?                              | report as priority claims  Debts to pension or profit-sharin |  |            |  |
|      | ■ No   |  |  |            |  |
|      | ☐ Yes  | ■ Other Specify Credit Card                                  |  |            |  |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 27 of 60

| Debto | Dionna Shuntai Spivey   | Case number (if known)  |   |            |  |
|-------|---|---|---|------------|--|
| 4.8   | Mariner Finance   | Last 4 digits of account number   | 4314  | \$6,187.00 |  |
|       | Nonpriority Creditor's Name 8211 Town Center DR Nottingham, MD 21236                      | When was the debt incurred?   | 09-17-2020                                    |            |  |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim  | is: Check all that apply                      |            |  |
|       | Debtor 1 only   | ☐ Contingent  |   |            |  |
|       | Debtor 2 only   | ☐ Unliquidated  |   |            |  |
|       | ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |            |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |            |  |
|       | ■ No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |            |  |
|       | Yes   | Other. Specify Personal L   | oan   |            |  |
| 4.9   | Moneylion Inc   | Last 4 digits of account number   | 0304  | \$235.00   |  |
|       | Nonpriority Creditor's Name<br>89 5th Ave Ste 501<br>New York, NY 10003-3020              | When was the debt incurred?   | 09-02-2020                                    |            |  |
|       | Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply                      |            |  |
|       | Who incurred the debt? Check one.   |   |   |            |  |
|       | Debtor 1 only   | ☐ Contingent  |   |            |  |
|       | Debtor 2 only   | ☐ Unliquidated  |   |            |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |            |  |
|       | ■ No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |            |  |
|       | Yes   | Other. Specify Personal L   | oan   |            |  |
| 4.1   | Nationwide Recovery Serv  | Last 4 digits of account number   | 3948  | \$269.00   |  |
|       | Nonpriority Creditor's Name 545 W Inman St  | When was the debt incurred?   | 04-18-2016                                    |            |  |
|       | Cleveland, TN 37311  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |            |  |
|       | Debtor 1 only   | ☐ Contingent  |   |            |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  |   |            |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |            |  |
|       | No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                          |   |            |  |
|       | Yes   | ■ Other. Specify Original Cr  | editor: Harbin Clinic LLC                     |            |  |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 28 of 60

| Dionna Shuntai Spivey                                  | Case number (if known)   |          |
|--|--|----------|
| Nationwide Recovery Serv                               | Last 4 digits of account number 85   | \$30.0   |
| Nonpriority Creditor's Name<br>545 W Inman St          | When was the debt incurred? 06-04-2019   |          |
| Cleveland, TN 37311  Number Street City State Zip Code | As of the date you file the claim is Check all that apply  | _        |
| Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply  |          |
| ■ Debtor 1 only  | ☐ Contingent   |          |
| Debtor 2 only  | ☐ Unliquidated   |          |
| Debtor 1 and Debtor 2 only                             | ☐ Disputed   |          |
| ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community               | ☐ Student loans  |          |
| debt Is the claim subject to offset?                   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
| □Yes   | ■ Other. Specify Original Creditor: Harbin Clinic LLC  | _        |
| Nationwide Recovery Serv                               | Last 4 digits of account number 84   | \$30.0   |
| Nonpriority Creditor's Name                            |  | <u> </u> |
| 545 W Inman St   | When was the debt incurred? 01-14-2019   | _        |
| Cleveland, TN 37311  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply  |          |
| Who incurred the debt? Check one.                      | The state of the s |          |
| ■ Debtor 1 only  | ☐ Contingent   |          |
| ☐ Debtor 2 only  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only                           | ☐ Disputed   |          |
| ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community               | ☐ Student loans  |          |
| debt   | Obligations arising out of a separation agreement or divorce that you did not  |          |
| Is the claim subject to offset?<br>■                   | report as priority claims  |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
| Yes  | Other. Specify Original Creditor: Harbin Clinic LLC  |          |
| Nationwide Recovery Serv                               | Last 4 digits of account number 84   | \$30.0   |
| Nonpriority Creditor's Name  545 W Inman St            | When was the debt incurred? 06-04-2019   | _        |
| Cleveland, TN 37311 Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |          |
| Who incurred the debt? Check one.                      |  |          |
| ■ Debtor 1 only  | ☐ Contingent   |          |
| Debtor 2 only  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only                           | ☐ Disputed   |          |
| ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community               | ☐ Student loans  |          |
| debt<br>Is the claim subject to offset?                | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |          |
| □Yes   | ■ Other. Specify Original Creditor: Harbin Clinic LLC  |          |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 29 of 60

| Debt     | or 1 Dionna Shuntai Spivey   |  | Case number (if known)                       |             |
|----------|--|--|--|-------------|
| 4.1<br>4 | Navient  | Last 4 digits of account number                              | 0010   | \$1,976.00  |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor Wilmington, DE 19801 | When was the debt incurred?                                  | 08-15-2001                                   |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|          | Debtor 2 only  | ☐ Unliquidated   |  |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|          | _  | Student loans  |  |             |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? |  | ration agreement or divorce that you did not |             |
|          | ■ No   | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |             |
|          | ☐ Yes  | Other. Specify   |  |             |
|          | <b>—</b> 163   | Student Lo   | <br>an                                       |             |
|          |  | Olddoll Lo   | uii  |             |
| 4.1<br>5 | Navient Nonpriority Creditor's Name  | Last 4 digits of account number                              | 0070   | \$11,509.00 |
|          | 123 Justison Street 3rd Floor<br>Wilmington, DE 19801                          | When was the debt incurred?                                  | 08-17-2007                                   |             |
|          | Number Street City State Zip Code  | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  |  |  |             |
|          | Debtor 1 only  | ☐ Contingent   |  |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|          | ☐ Check if this claim is for a community                                       | Student loans  |  |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|          | ☐ Yes  | Other. Specify   |  |             |
|          |  | Student Lo   | an   |             |
| 4.1<br>6 | Navient  | Last 4 digits of account number                              | 0070   | \$10,002.00 |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor                      | When was the debt incurred?                                  | 08-17-2007                                   |             |
|          | Wilmington, DE 19801  Number Street City State Zip Code                        | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  | ,  |  |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|          | Debtor 2 only  | ☐ Unliquidated   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                |  |             |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |  |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|          | ☐ Yes  | ■ Other. Specify Student Lo                                  | an   |             |
|          |  |  |  |             |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 30 of 60

| Debt     | or 1 Dionna Shuntai Spivey   |  | Case number (if known)                       |             |
|----------|--|--|--|-------------|
| 4.1<br>7 | Navient  | Last 4 digits of account number                              | 0060   | \$10,364.00 |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor Wilmington, DE 19801 | When was the debt incurred?                                  | 08-31-2006                                   |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|          | Debtor 2 only  | ☐ Unliquidated   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed   |  |             |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |  |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |
|          | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|          | Yes  | Other. Specify Student Lo                                    | an   |             |
| 4.1<br>8 | Navient  | Last 4 digits of account number                              | 0060   | \$10,002.00 |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor Wilmington, DE 19801 | When was the debt incurred?                                  | 08-31-2006                                   |             |
|          | Number Street City State Zip Code  | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  |  |  |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|          | $\square$ Check if this claim is for a community                               | Student loans  |  |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|          | ☐ Yes  | Other. Specify   |  |             |
|          |  | Student Lo   |  |             |
| 4.1<br>9 | Navient  | Last 4 digits of account number                              | 0060   | \$1,150.00  |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor Wilmington, DE 19801 | When was the debt incurred?                                  | 08-23-2006                                   |             |
|          | Number Street City State Zip Code Who incurred the debt? Check one.            | As of the date you file, the claim                           | s: Check all that apply                      |             |
|          | Debtor 1 only  | ☐ Contingent   |  |             |
|          | Debtor 2 only  | ☐ Unliquidated   |  |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                |  |             |
|          | ☐ Check if this claim is for a community                                       | ■ Student loans  |  |             |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims |  |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|          | Yes  | Other. Specify   |  |             |

Student Loan

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 31 of 60

| Deb      | Dionna Snuntai Spivey  |   | Case number (if known)                        |            |
|----------|--|---|---|------------|
| 4.2<br>0 | Navient  | Last 4 digits of account number                                 | 0060  | \$7,538.00 |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor Wilmington, DE 19801 | When was the debt incurred?                                     | 01-12-2006                                    |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                              | is: Check all that apply                      |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |            |
|          | _  | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 2 only  | ☐ Disputed  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure                                    | d claim:                                      |            |
|          | ☐ At least one of the debtors and another                                      | Student loans   |   |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? |   | aration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts              |            |
|          | ☐ Yes  | Other. Specify  |   |            |
|          | in tes   | Student Lo  | an  |            |
|          | 1  | Otadent Lo  | uii   |            |
| 4.2<br>1 | Navient  | Last 4 digits of account number                                 | 0060  | \$3,784.00 |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor Wilmington, DE 19801 | When was the debt incurred?                                     | 01-12-2006                                    |            |
|          | Number Street City State Zip Code  | As of the date you file, the claim                              | is: Check all that apply                      |            |
|          | Who incurred the debt? Check one.  |   |   |            |
|          | Debtor 1 only  | ☐ Contingent  |   |            |
|          | Debtor 2 only  | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                   | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                                       | Student loans   |   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not  |            |
|          | ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts              |            |
|          | Yes  | Other. Specify  |   |            |
|          |  | Student Lo  | an  |            |
| 4.2      | 1  |   |   |            |
| 2        | Navient  | Last 4 digits of account number                                 | 0050  | \$3,441.00 |
|          | Nonpriority Creditor's Name 123 Justison Street 3rd Floor Wilmington, DE 19801 | When was the debt incurred?                                     | 09-08-2005                                    |            |
|          | Number Street City State Zip Code  | As of the date you file, the claim                              | is: Check all that apply                      |            |
|          | Who incurred the debt? Check one.  | _   |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |            |
|          | Debtor 2 only  | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                   |   |            |
|          | ☐ Check if this claim is for a community debt                                  | Student loans   |   |            |
|          | ls the claim subject to offset?  | □ Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not  |            |
|          | ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts              |            |
|          | ☐ Yes  | Other. Specify  |   |            |

Student Loan

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 32 of 60

| Debi     | or 1 Dionna Shuntai Spivey   |  | Case number (if known)                        |             |
|----------|--|--|---|-------------|
| 4.2<br>3 | Nelnet/Education Financial   | Last 4 digits of account number                              | 9889  | \$14,438.00 |
|          | Nonpriority Creditor's Name 3015 S Parker Road STE 400 Aurora, CO 80014        | When was the debt incurred?                                  | 05-19-2009                                    |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | is: Check all that apply                      |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |             |
|          |  | ☐ Unliquidated   |   |             |
|          | Debtor 2 only  | ☐ Disputed   |   |             |
|          | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
|          | ☐ At least one of the debtors and another                                      | Student loans  |   |             |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | <u></u>  | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharir                            | g plans, and other similar debts              |             |
|          | ☐ Yes  | <u> </u>   | g plane, and onler on mar dobte               |             |
|          | ☐ res  | ☐ Other. Specify  Student Lo                                 |   |             |
|          |  | Student Lo   | all   |             |
| 4.2<br>4 | Nelnet/Education Financial  Nonpriority Creditor's Name                        | Last 4 digits of account number                              | 9989  | \$23,707.00 |
|          | 3015 S Parker Road STE 400<br>Aurora, CO 80014                                 | When was the debt incurred?                                  | 05-19-2009                                    |             |
|          | Number Street City State Zip Code  | As of the date you file, the claim                           | is: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  |  |   |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                                       | Student loans  |   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |             |
|          | ☐ Yes  | Other. Specify   |   |             |
|          |  | Student Loan   |   |             |
| 4.2<br>5 | Net Credit   | Last 4 digits of account number                              | 19GA  | \$7,932.00  |
|          | Nonpriority Creditor's Name 175 W. Jackson Blvd                                | When was the debt incurred?                                  | 11-25-2019                                    |             |
|          | Suite 1000<br>Chicago, IL 60604  |  |   |             |
|          | Number Street City State Zip Code  | As of the date you file, the claim                           | is: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  |  |   |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 |   |             |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |             |
|          | □ Yes  | Other. Specify     Pseronal L                                | oan   |             |
|          |  |  |   |             |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 33 of 60

| Dionna Shuntai Spivey   |  | Case number (if known)                       |            |
|---|--|--|------------|
| OneMain   | Last 4 digits of account number                            | 7735   | \$3,198.00 |
| Nonpriority Creditor's Name PO Box 1010   | When was the debt incurred?                                | 05-12-2020                                   |            |
| Evansville, IN 47706  |  |  |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.            | As of the date you file, the claim                         | s: Check all that apply                      |            |
| Debtor 1 only   | Пол  |  |            |
|   | ☐ Contingent   |  |            |
| Debtor 2 only   | ☐ Unliquidated   |  |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure                   | d claim:                                     |            |
| ☐ At least one of the debtors and another                                       | Student loans  | a Giaini.                                    |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?   |  | ration agreement or divorce that you did not |            |
| No  | Debts to pension or profit-sharing                         | a plane, and other similar debts             |            |
|   |  |  |            |
| Yes   | Other. Specify Personal L                                  | oan  |            |
| OPP Loans   | Last 4 digits of account number                            | 3665   | \$3,845.00 |
| Nonpriority Creditor's Name<br>130 E Randoolph St Ste 1650<br>Chicago, IL 60601 | When was the debt incurred?                                | 09-15-2020                                   |            |
| Number Street City State Zip Code   | As of the date you file, the claim                         | s: Check all that apply                      |            |
| Who incurred the debt? Check one.   |  |  |            |
| Debtor 1 only   | ☐ Contingent   |  |            |
| ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
| ☐ At least one of the debtors and another                                       | Type of NONPRIORITY unsecure                               | d claim:                                     |            |
| ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
| Yes   | Other. Specify Personal L                                  | oan  |            |
| PHEAA/Fed Loan Serv   | Look A dimite of account number                            | 0001   | \$2,106.00 |
| Nonpriority Creditor's Name   | Last 4 digits of account number                            |  | Ψ2,100.00  |
| PO Box 60610<br>Harrisburg, PA 17106  | When was the debt incurred?                                | 08-29-2002                                   |            |
| Number Street City State Zip Code   | As of the date you file, the claim                         | s: Check all that apply                      |            |
| Who incurred the debt? Check one.   | _  |  |            |
| ■ Debtor 1 only   | ☐ Contingent   |  |            |
| Debtor 2 only   | ☐ Unliquidated   |  |            |
| ☐ Debtor 1 and Debtor 2 only  | Disputed   |  |            |
| ☐ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
| ☐ Check if this claim is for a community  | Student loans  |  |            |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
| ∏ yes   | Other Specify  |  |            |

Student Loan

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 34 of 60

| Debt     | Dionna Snuntai Spivey  |  | Case number (if known)                       |             |
|----------|--|--|--|-------------|
| 4.2<br>9 | PHEAA/Fed Loan Serv  | Last 4 digits of account number                  | 0002   | \$1,804.00  |
|          | Nonpriority Creditor's Name PO Box 60610   | When was the debt incurred?                      | 074-29-2003                                  |             |
|          | Harrisburg, PA 17106  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim               | s: Check all that apply                      |             |
|          | ■ Debtor 1 only  | ☐ Contingent                                     |  |             |
|          | Debtor 2 only  | ☐ Unliquidated                                   |  |             |
|          | _  | ☐ Disputed                                       |  |             |
|          | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure                     | d claim:                                     |             |
|          | At least one of the debtors and another  | Student loans                                    |  |             |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?             | _  | ration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing               | g plans, and other similar debts             |             |
|          | ☐ Yes  | Other. Specify                                   | g plane, and only chimal dobte               |             |
|          | ☐ res  | Student Lo                                       | an   |             |
|          |  | Student Lo                                       | an   |             |
| 4.3<br>0 | PHEAA/Fed Loan Serv  Nonpriority Creditor's Name   | Last 4 digits of account number                  | 0003   | \$12,429.00 |
|          | PO Box 60610<br>Harrisburg, PA 17106   | When was the debt incurred?                      | 05-05-2010                                   |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim               | s: Check all that apply                      |             |
|          | ■ Debtor 1 only  | ☐ Contingent                                     |  |             |
|          | □ Debtor 2 only  | ☐ Unliquidated                                   |  |             |
|          | •  | ☐ Disputed                                       |  |             |
|          | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure                     | d claim:                                     |             |
|          | At least one of the debtors and another  | Student loans                                    |  |             |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?              | _  | ration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharin                | g plans, and other similar debts             |             |
|          | ☐ Yes  | Other. Specify                                   | 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,    |             |
|          | La res   | Student Lo                                       | <br>an                                       |             |
|          |  | Otadoni Lo                                       | uii  |             |
| 4.3<br>1 | PHEAA/Fed Loan Serv Nonpriority Creditor's Name  | Last 4 digits of account number                  | 0004   | \$11,564.00 |
|          | PO Box 60610<br>Harrisburg, PA 17106   | When was the debt incurred?                      | 05-05-2010                                   |             |
|          | Number Street City State Zip Code  | As of the date you file, the claim               | s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.  |  |  |             |
|          | Debtor 1 only  | ☐ Contingent                                     |  |             |
|          | Debtor 2 only  | ☐ Unliquidated                                   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed                                       |  |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                    | d claim:                                     |             |
|          | ☐ Check if this claim is for a community debt  | Student loans  Obligations arising out of a sena | ration agreement or divorce that you did not |             |
|          | Is the claim subject to offset?  | report as priority claims                        | and the second of arrondo that you did not   |             |
|          | ■ No   | Debts to pension or profit-sharing               | g plans, and other similar debts             |             |
|          | Yes  | Other. Specify                                   |  |             |

Student Loan

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 35 of 60

| Dionna Shuntai Spivey  | Case number (if known)  |            |
|--|---|------------|
| SkyTrail Cash  | Last 4 digits of account number   | \$686.00   |
| Nonpriority Creditor's Name Ningodwaaswi, LLC PO Box 1115                                | When was the debt incurred?   | •          |
| Lac Du Flambeau, WI 54538<br>Number Street City State Zip Code                           | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  |   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| ☐ Debtor 2 only  | ☐ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| Check if this claim is for a community   | ☐ Student loans   |            |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| Yes  | Other. Specify Loan   |            |
| Spot Loan  | Last 4 digits of account number   | \$1,450.00 |
| Nonpriority Creditor's Name PO Box 927   | When was the debt incurred?   |            |
| Belcourt, ND 58316  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
| ■ Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ☐ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |            |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| Yes  | Other. Specify Personal Loan  |            |
| Syncb/Old Navy   | Last 4 digits of account number   | \$0.00     |
| Nonpriority Creditor's Name PO Box 965036  | When was the debt incurred?   | ·          |
| Orlando, FL 32896  Number Street City State Zip Code                                     | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  | As of the date you me, the claim is. Check all that apply   |            |
| ■ Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ☐ Unliquidated  |            |
| Debtor 2 only  Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |            |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
| ☐Yes   | ■ Other. Specify Notice Only  |            |
| <b>□</b> 165   | Other. Specify Notice Only  |            |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 36 of 60

| Debto    | or 1 Dionna Shuntai Spivey  | Case number (if known)  |          |  |
|----------|---|---|----------|--|
| 4.3<br>5 | Trans Union   | Last 4 digits of account number   | \$0.00   |  |
|          | Nonpriority Creditor's Name PO Box 1000   | When was the debt incurred?   |          |  |
|          | Chester, PA 19022  Number Street City State Zip Code  Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply   |          |  |
|          | Debtor 1 only   |   |          |  |
|          | Debtor 2 only   | ☐ Unliquidated  |          |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |
|          | □Yes  | Other. Specify Notice Only  |          |  |
| 4.3      | Ubi Cash  | Last 4 digits of account number   | \$400.00 |  |
|          | Nonpriority Creditor's Name   |   | <u> </u> |  |
|          | Nigig, LLC dba UbiCash PO Box 965   | When was the debt incurred?   |          |  |
|          | Lac Du Flambeau, WI 54538  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |  |
|          | Debtor 1 only   | ☐ Contingent  |          |  |
|          | Debtor 2 only   | ☐ Unliquidated  |          |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |
|          | Yes   | Other. Specify Unsecured  |          |  |
| 4.3<br>7 | US Department of Edu Afsa   | Last 4 digits of account number   | \$0.00   |  |
|          | Nonpriority Creditor's Name PO Box 7202 Utica, NY 13504   | When was the debt incurred?   |          |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |          |  |
|          | Who incurred the debt? Check one.   |   |          |  |
|          | Debtor 1 only   | Contingent  |          |  |
|          | ☐ Debtor 2 only   | Unliquidated  |          |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |  |
|          | ☐ Check if this claim is for a community debt   |   |          |  |
|          | Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |
|          | ☐ Yes   | ■ Other Specify Notice Only   |          |  |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

## Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 37 of 60

| Debtor 1 Dionna Shuntai Spivey         |  | Case number (if known)                                |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| Name and Address                       | On which entry in Part 1 or Part 2                                     | did you list the original creditor?                   |  |  |  |  |  |
| Harbin Clinic, LLC                     | Line <b>4.10</b> of ( <i>Check one</i> ):                              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| PO Box 18710<br>Belfast, ME 04915-4082 |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |  |
| •                                      | Last 4 digits of account number  |   |  |  |  |  |  |
| Name and Address                       | On which entry in Part 1 or Part 2                                     | did you list the original creditor?                   |  |  |  |  |  |
| Harbin Clinic, LLC                     | Line 4.11 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| PO Box 18710<br>Belfast, ME 04915-4082 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |  |
| Deliast, ME 04313-4002                 | Last 4 digits of account number  |   |  |  |  |  |  |
| Name and Address                       | On which entry in Part 1 or Part 2 did you list the original creditor? |   |  |  |  |  |  |
| Harbin Clinic, LLC                     | Line 4.12 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| PO Box 18710<br>Belfast, ME 04915-4082 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |  |
| Benast, ME 04310 4002                  | Last 4 digits of account number  |   |  |  |  |  |  |
| Name and Address                       | On which entry in Part 1 or Part 2                                     | did you list the original creditor?                   |  |  |  |  |  |
| Harbin Clinic, LLC                     | Line 4.13 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |  |
| PO Box 18710<br>Belfast, ME 04915-4082 |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |  |
| Deliast, III. 04010-4002               | Last 4 digits of account number  |   |  |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim      |
|-----------------------|-----|---|-----|------------------|
| Tatal                 | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims          |     |   |     |                  |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$<br>12,000.00  |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$<br>0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$<br>0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>12,000.00  |
|                       |     |   |     | Total Claim      |
| Total                 | 6f. | Student loans   | 6f. | \$<br>105,448.00 |
| claims<br>from Part 2 | 6a. | Obligations arising out of a separation agreement or divorce that                 |     |                  |
|                       | ٠9. | you did not report as priority claims   | 6g. | \$<br>0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>47,295.00  |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$<br>152,743.00 |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 38 of 60

| Fill in this infor     | mation to identify your  | case:                 |            |                                      |  |  |  |
|------------------------|--------------------------|-----------------------|------------|--------------------------------------|--|--|--|
| Debtor 1               | Dionna Shuntai S         | Dionna Shuntai Spivey |            |                                      |  |  |  |
|                        | First Name               | Middle Name           | Last Name  |                                      |  |  |  |
| Debtor 2               |                          |                       |            |                                      |  |  |  |
| (Spouse if, filing)    | First Name               | Middle Name           | Last Name  |                                      |  |  |  |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT     | OF GEORGIA |                                      |  |  |  |
| Case number (if known) |                          |                       |            | ☐ Check if this is ar amended filing |  |  |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     | •         |              |   |                   |   |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 39 of 60

|                        |   | Docume  | nt Page 39 C   | טס ונ   |  |
|------------------------|---|---|--|---|--|
| Fill in thi            | is information to identify you                                | r case:   |  |   |  |
| Debtor 1               | Dionna Shuntai  | Chivov  |  |   |  |
| Debior 1               | Dionna Shuntai First Name                                     | Middle Name   | Last Name  |   |  |
| Debtor 2               |   |   |  |   |  |
| (Spouse if, f          | iling) First Name   | Middle Name   | Last Name  |   |  |
| United St              | tates Bankruptcy Court for the:                               | NORTHERN DISTRICT   | OF GEORGIA   |   |  |
|                        | . ,   |   |  |   |  |
| Case nur<br>(if known) | mber  |   |  |   | Charle if this is an   |
| (II KIIOWII)           |   |   |  |   | Check if this is an amended filing                                       |
|                        |   |   |  |   | amenaea ming   |
| Officia                | al Form 106H  |   |  |   |  |
|                        | dule H: Your Cod  | lahtare   |  |   | 12/15  |
| Scrie                  | dule H. Toul Cot  | JEDIOI 2  |  |   | 12/15  |
| our nam                | e and case number (if known                                   | n). Answer every question   |  |   | p of any Additional Pages, write   |
| _                      | (.  | , ,   |  |   |  |
| ■ No                   |   |   |  |   |  |
| Arizo                  | ne 2 again as a codebtor only                                 | a, Nevada, New Mexico, Pu<br>buse, or legal equivalent live<br>otors. Do not include your<br>if that person is a guaran | e with you at the time?  spouse as a codebtoutor or cosigner. Make | ington, and Wisconsin.) r if your spouse is filin sure you have listed th | g with you. List the person shown<br>he creditor on Schedule D (Official |
|                        | Column 2.   | ai Form 100E/F), or Sched   | ule G (Official Form 10  | Jog). Use Schedule D,   | Schedule E/F, or Schedule G to fill                                      |
|                        | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code  |  | Column 2: The cre<br>Check all schedule                                   | editor to whom you owe the debt es that apply:                           |
| 3.1                    |   |   |  | Cahadula D lia  |  |
| 3.1                    | Name  |   |  | □ Schedule D, lin □ Schedule E/F,   |  |
|                        |   |   |  | ☐ Schedule G, lin   |  |
|                        |   |   |  | — Ochedale O, III   |  |
|                        | Number Street<br>City   | State   | ZIP Code   |   |  |
|                        | <u></u>   | State   | ZIF COUG   |   |  |
|                        |   |   |  | Пол   |  |
| 3.2                    | Name  |   |  | Schedule D, lin   |  |
|                        | Hamb  |   |  | ☐ Schedule E/F,   |  |
|                        |   |   |  | ☐ Schedule G, lin   | ne   |
|                        | Number Street   |   | <b>-</b> 15 - :  | _   |  |
|                        | City  | State   | ZIP Code   |   |  |

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 40 of 60

| Fill               | in this information to   | identify your ca                | ase:   |  |                              |              |                |                   |                          |                          |                                    |                 |
|--------------------|--|---------------------------------|--|--|------------------------------|--------------|----------------|-------------------|--------------------------|--------------------------|------------------------------------|-----------------|
| De                 | btor 1   | Dionna Shui                     | ntai Spivey  |  |                              |              | _              |                   |                          |                          |                                    |                 |
| 1 -                | btor 2<br>buse, if filing)   |                                 |  |  |                              |              | _              |                   |                          |                          |                                    |                 |
| Un                 | ited States Bankrupto  | cy Court for the                | : NORTHERN DISTRIC   | CT OF GEOR   | GIA                          |              | _              |                   |                          |                          |                                    |                 |
|                    | se number<br>  |                                 |  | -  |                              |              |                |                   |                          | ed filing<br>ent showi   | ng postpetition<br>following date: |                 |
| 0                  | fficial Form   | <u> 1061</u>                    |  |  |                              |              |                |                   | MM / DD/                 | YYYY                     |                                    |                 |
| S                  | chedule I: Y   | our Ince                        | ome  |  |                              |              |                |                   |                          |                          |                                    | 12/15           |
| sup<br>spo<br>atta | plying correct infor<br>buse. If you are sepa<br>ch a separate sheet | mation. If you<br>rated and you | sible. If two married pec<br>are married and not fili<br>ir spouse is not filing w<br>On the top of any additi | ng jointly, and<br>ith you, do no                                      | d your spou<br>ot include in | se i<br>fori | is liv<br>mati | ing wit<br>on abo | h you, inc<br>ut your sp | lude infor<br>ouse. If m | mation about<br>ore space is       | your<br>needed, |
| 1.                 | Fill in your emploinformation.                                       | yment                           |  | Debtor 1   |                              |              |                |                   | Debtor                   | 2 or non-f               | filing spouse                      |                 |
|                    | If you have more th  |                                 | Employment status  | ■ Employe  | ■ Employed                   |              |                | ☐ Emp             | loyed                    |                          |                                    |                 |
|                    | attach a separate page with information about additional             |                                 | Employment status  | ☐ Not emp  | oloyed                       |              |                |                   | □ Not €                  | employed                 |                                    |                 |
|                    | employers.   |                                 | Occupation   | Data Analyst   |                              |              |                |                   |                          |                          |                                    |                 |
|                    | Include part-time, s<br>self-employed work                           | k.                              | Employer's name  | CarMax A<br>Services,  | luto Supers                  | sto          | res            |                   |                          |                          |                                    |                 |
|                    | Occupation may in<br>or homemaker, if it                             |                                 | Employer's address   | ployer's address 12800 Tuckahoe Creek<br>Parkway<br>Richmond, VA 23238 |                              |              |                |                   |                          |                          |                                    |                 |
|                    |  |                                 | How long employed t  | here? 8  | 3 years                      |              |                |                   |                          |                          |                                    |                 |
| Pa                 | rt 2: Give Deta  | ails About Mor                  | nthly Income   |  |                              |              |                |                   |                          |                          |                                    |                 |
|                    | imate monthly incor<br>use unless you are so                         |                                 | ate you file this form. If   | you have noth  | ning to report               | for          | any            | line, wr          | ite \$0 in the           | e space. In              | nclude your no                     | n-filing        |
|                    | ou or your non-filing s<br>e space, attach a sep                     |                                 | ore than one employer, co  | ombine the inf   | ormation for                 | all e        | empl           | oyers fo          | or that pers             | on on the                | lines below. If                    | you need        |
|                    |  |                                 |  |  |                              |              |                | For D             | ebtor 1                  |                          | ebtor 2 or<br>ling spouse          |                 |
| 2.                 |  |                                 | ry, and commissions (b<br>calculate what the month   |  |                              | 2.           | \$             |                   | 4,641.00                 | \$                       | N/A                                |                 |
| 3.                 | Estimate and list  | monthly overt                   | ime pay.   |  |                              | 3.           | +\$            |                   | 0.00                     | +\$                      | N/A                                |                 |
| 4.                 | Calculate gross Ir   | ncome. Add lir                  | ne 2 + line 3.   |  |                              | 4.           | \$             | 4,                | 641.00                   | \$                       | N/A                                |                 |

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1                            | Dionna Shuntai Spivey   | -                          | (              | Case              | number (if know                 | n)         |                    |               |                          |                 |
|------|---------------------------------|---|----------------------------|----------------|-------------------|---------------------------------|------------|--------------------|---------------|--------------------------|-----------------|
|      |                                 |   |                            |                | For               | Debtor 1                        |            |                    | ebtor:        | 2 or<br>pouse            |                 |
|      | Cop                             | y line 4 here   | 4.                         |                | \$                | 4,641.0                         | 0          | \$                 |               | N/A                      | -               |
| 5.   | List                            | all payroll deductions:   |                            |                |                   |                                 |            |                    |               |                          |                 |
|      | 5a.                             | Tax, Medicare, and Social Security deductions   | 5a                         | а.             | \$                | 567.0                           | 0          | \$                 |               | N/A                      |                 |
|      | 5b.                             | Mandatory contributions for retirement plans  | 5k                         |                | \$_               | 0.0                             |            | \$                 |               | N/A                      | -               |
|      | 5c.                             | Voluntary contributions for retirement plans  | 50                         |                | \$_               | 87.0                            | _          | \$                 |               | N/A                      | _               |
|      | 5d.                             | Required repayments of retirement fund loans  | 50                         | d.             | \$_               | 0.0                             | _          | \$                 |               | N/A                      | -               |
|      | 5e.                             | Insurance   | 56                         | Э.             | \$                | 420.0                           | _          | \$                 |               | N/A                      | _               |
|      | 5f.                             | Domestic support obligations  | 5f                         | i.             | \$                | 0.0                             | _          | \$                 |               | N/A                      | -               |
|      | 5g.                             | Union dues  | 50                         | g.             | \$                | 0.0                             |            | \$                 |               | N/A                      | -               |
|      | 5h.                             | Other deductions. Specify:  |                            | Դ.+            | \$                | 0.0                             | <u>o</u> . | + \$               |               | N/A                      | -               |
| 6.   | Add                             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                         |                | \$                | 1,074.0                         | 0          | \$                 |               | N/A                      | _               |
| 7.   | Calo                            | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                         |                | \$                | 3,567.0                         |            | \$                 |               | N/A                      | -               |
| 8.   | 8a.<br>8b.<br>8c.<br>8d.<br>8e. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security | 8a<br>8b<br>8a<br>8a<br>8a | o.<br>c.<br>d. | \$<br>\$<br>\$    | 0.0<br>0.0<br>0.0<br>0.0<br>0.0 | 0          | \$\$<br>\$\$<br>\$ |               | N/A<br>N/A<br>N/A<br>N/A | -               |
|      | 8f.<br>8g.<br>8h.               | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income Other monthly income. Specify:   | 8f<br>8g                   |                | \$_<br>\$_<br>\$_ | 0.0<br>0.0<br>0.0               | 0          | \$<br>\$<br>+ \$   |               | N/A<br>N/A<br>N/A        | -<br>-<br>-     |
| 9.   | Add                             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                         | . [:           | \$                | 0.0                             | 0          | \$                 |               | N/A                      | Δ               |
| 10.  | Cald                            | culate monthly income. Add line 7 + line 9.   | 10.                        | \$             |                   | 3,567.00 +                      | \$         |                    | N/A           | = \$                     | 3,567.00        |
|      | Add                             | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                            |                |                   | ,                               |            |                    |               |                          | ,               |
| 11.  | Inclu<br>othe                   | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:   | dep                        |                |                   | •                               |            |                    | hedule<br>11. |                          | 0.00            |
| 12.  |                                 | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |                            |                |                   |                                 |            |                    | 12.           | \$                       | 3,567.00        |
| 13.  | Do y                            | you expect an increase or decrease within the year after you file this form' No.  | ?                          |                |                   |                                 |            |                    |               | Combii<br>monthl         | ned<br>y income |

Official Form 106l Schedule I: Your Income page 2

|       | in this informa           | tion to identify yo                   | our case:      |  |  | 1            |                                     |                               |
|-------|---------------------------|---------------------------------------|----------------|--|--|--------------|-------------------------------------|-------------------------------|
| Deb   |                           | Dionna Shui                           |                |  |  | Che          | ck if this is:                      |                               |
| DCD   | 101 1                     | Diolilia Silui                        | itai Spivi     | ₹ <b>y</b>   |  |              | An amended filing                   |                               |
|       | tor 2<br>buse, if filing) |                                       |                |  |  |              | A supplement show 13 expenses as of | wing postpetition chapter     |
| ` '   |                           |                                       |                |  |  |              |                                     |                               |
| Unite | ed States Bankr           | uptcy Court for the                   | : NORTH        | IERN DISTRICT OF GEO   | DRGIA                                  |              | MM / DD / YYYY                      |                               |
|       | e number<br>nown)         |                                       |                |  |  |              |                                     |                               |
| Of    | fficial Fo                | rm 106J                               |                |  |  |              |                                     |                               |
| Sc    | chedule                   | J: Your                               | Exper          | ises   |  |              |                                     | 12/1                          |
| info  | rmation. If m             |                                       | eded, atta     | . If two married people a<br>ch another sheet to this<br>n.            |  |              |                                     |                               |
| Part  |                           | ibe Your House                        | hold           |  |  |              |                                     |                               |
| 1.    | Is this a joir            |                                       |                |  |  |              |                                     |                               |
|       | ■ No. Go to               |                                       | in a senar     | ate household?   |  |              |                                     |                               |
|       | □ N                       |                                       | iii a sepai    | ate mousemora.   |  |              |                                     |                               |
|       |                           |                                       | st file Offici | al Form 106J-2, Expense  | s for Separate House                   | ehold of Deb | otor 2.                             |                               |
| 2.    | Do you have               | e dependents?                         | □ No           |  |  |              |                                     |                               |
|       | Do not list Debtor 2.     | ebtor 1 and                           | ■ Yes.         | Fill out this information for each dependent                           | Dependent's relat<br>Debtor 1 or Debto |              | Dependent's age                     | Does dependent live with you? |
|       | Do not state              | the                                   |                |  |  |              |                                     | □ No                          |
|       | dependents                | names.                                |                |  | Son                                    |              | _ 3                                 | Yes                           |
|       |                           |                                       |                |  |  |              |                                     | □ No                          |
|       |                           |                                       |                |  | -                                      |              |                                     | ☐ Yes<br>☐ No                 |
|       |                           |                                       |                |  |  |              |                                     | □ Yes                         |
|       |                           |                                       |                |  |  |              |                                     | □ No                          |
|       |                           |                                       |                |  |  |              |                                     | ☐ Yes                         |
| 3.    |                           | enses include                         |                | No   |  |              |                                     |                               |
|       | •                         | f people other t<br>d your depende    |                | Yes  |  |              |                                     |                               |
| _     |                           |                                       |                |  |  |              |                                     |                               |
| exp   | imate your ex             |                                       | our bankr      | y Expenses<br>uptcy filing date unless<br>y is filed. If this is a sup |  |              |                                     |                               |
| the   |                           | n assistance an                       |                | government assistance<br>cluded it on <i>Schedule I:</i>               |  |              | Your exp                            | enses                         |
| •     |                           | ,                                     |                |  |  |              |                                     |                               |
| 4.    |                           | or home owners<br>and any rent for th |                | ses for your residence.<br>or lot.                                     | Include first mortgag                  | e<br>4. S    | \$                                  | 1,350.00                      |
|       | If not includ             | led in line 4:                        |                |  |  |              |                                     |                               |
|       | 4a. Real e                | estate taxes                          |                |  |  | 4a. S        | \$                                  | 0.00                          |
|       |                           | rty, homeowner's                      |                |  |  | 4b. 3        | ·                                   | 0.00                          |
|       |                           |                                       |                | upkeep expenses  |  | 4c. \$       | ·                                   | 0.00                          |
| 5.    |                           | owner's associat                      |                | dominium dues<br><b>our residence,</b> such as ho                      | ome equity loans                       | 4d. 5        |                                     | 0.00                          |
| ٥.    | aaondi i                  | gugu puyiii                           |                |  | onio oquity loano                      | ٥. ٠         | ~                                   | 0.00                          |

| Deptor       | Dionna                           | Shuntai Spivey   | Case num     | ber (if known) |                          |
|--------------|----------------------------------|--|--------------|----------------|--------------------------|
| 6. <b>U</b>  | Itilities:                       |  |              |                |                          |
| 6. <b>6</b>  |                                  | y, heat, natural gas   | 6a.          | \$             | 165.00                   |
|              |                                  | ewer, garbage collection   | 6b.          | · ·            | 67.00                    |
| 60           | -                                | ne, cell phone, Internet, satellite, and cable services  | 6c.          | \$             | 196.00                   |
| 60           | •                                |  | 6d.          | \$             | 0.00                     |
|              |                                  | sekeeping supplies   | 7.           | \$             | 606.00                   |
|              |                                  | children's education costs   | 8.           | \$             |                          |
|              |                                  |  | 9.           | \$<br>         | 0.00                     |
|              |                                  | dry, and dry cleaning products and services  |              | · —            | 100.00                   |
|              |                                  | •  | 10.          | ·              | 100.00                   |
|              |                                  | ental expenses   | 11.          | \$             | 100.00                   |
|              |                                  | n. Include gas, maintenance, bus or train fare.  | 12.          | \$             | 400.00                   |
|              |                                  | car payments.<br>, clubs, recreation, newspapers, magazines, and books   | 13.          | \$             | 0.00                     |
|              |                                  |  |              | · —            |                          |
|              |                                  | ntributions and religious donations  | 14.          | \$             | 0.00                     |
| -            | nsurance.                        | incurrence deducted from your new or included in lines 4 or 20   |              |                |                          |
|              | o not include<br>5a. Life insul  | insurance deducted from your pay or included in lines 4 or 20.   | 15a.         | \$             | 0.00                     |
|              | 5a. Liie irisui<br>5b. Health in |  | 15a.<br>15b. |                | 0.00                     |
|              |                                  |  |              | · -            |                          |
|              | 5c. Vehicle in                   |  | 15c.         | \$             | 128.00                   |
|              |                                  | surance. Specify:  | 15d.         | \$             | 0.00                     |
|              |                                  | include taxes deducted from your pay or included in lines 4 or 20.   | 40           | <b>c</b>       | 2.00                     |
|              | pecify:                          |  | 16.          | <b>&gt;</b>    | 0.00                     |
|              |                                  | lease payments:  | 47-          | <b>c</b>       | 055.00                   |
|              |                                  | nents for Vehicle 1  | 17a.         | ·              | 355.00                   |
|              |                                  | nents for Vehicle 2  | 17b.         | ·              | 0.00                     |
|              | 7c. Other. Sp                    | ·  | 17c.         | · -            | 0.00                     |
|              | 7d. Other. Sp                    | · •  | 17d.         | \$             | 0.00                     |
|              |                                  | s of alimony, maintenance, and support that you did not report as  |              | \$             | 0.00                     |
|              |                                  | n your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 10.          | · ·            |                          |
|              |                                  | ts you make to support others who do not live with you.  | 40           | \$             | 0.00                     |
|              | pecify:                          | waste commenced in the deal in the control of this forms on the Och  | 19.          |                |                          |
|              |                                  | perty expenses not included in lines 4 or 5 of this form or on School on other property.   |              |                | 0.00                     |
|              |                                  | es on other property   | 20a.         |                | 0.00                     |
|              | 0b. Real esta                    |  | 20b.         |                | 0.00                     |
|              |                                  | , homeowner's, or renter's insurance   | 20c.         | ·              | 0.00                     |
|              |                                  | ance, repair, and upkeep expenses  | 20d.         | ·              | 0.00                     |
| 20           | 0e. Homeow                       | ner's association or condominium dues  | 20e.         | \$             | 0.00                     |
| 1. <b>O</b>  | ther: Specify:                   |  | 21.          | +\$            | 0.00                     |
|              | olouloto ve···                   | r monthly expenses   |              |                |                          |
|              | 2a. Add lines                    | r monthly expenses   |              | e e            | 2 507 00                 |
|              |                                  | S .  |              | \$             | 3,567.00                 |
|              |                                  | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             |                          |
| 22           | 2c. Add line 2                   | 2a and 22b. The result is your monthly expenses.   |              | \$             | 3,567.00                 |
| 3 <b>C</b>   | alculate vern                    | monthly net income.  |              |                |                          |
|              | •                                | e 12 (your combined monthly income) from Schedule I.   | 23a.         | ¢              | 2 567 00                 |
|              |                                  | The state of the s |              | · ·            | 3,567.00                 |
| 2            | ob. Copy you                     | ur monthly expenses from line 22c above.   | 23b.         | -φ             | 3,567.00                 |
| 01           | 20 Cr.htma-t                     | your monthly avanage from your monthly income  |              |                |                          |
| 23           |                                  | your monthly expenses from your monthly income.  | 23c.         | \$             | 0.00                     |
|              | rne resu                         | It is your monthly net income.   | 200.         | T              |                          |
| 24. <b>D</b> | o vou expect                     | an increase or decrease in your expenses within the year after y   | ou file this | form?          |                          |
|              |                                  | you expect to finish paying for your car loan within the year or do you expect you   |              |                | or decrease because of a |
|              |                                  | e terms of your mortgage?  |              |                |                          |
| _            | No.                              |  |              |                |                          |
|              | - 110.<br>7 ves                  | Explain here:  |              |                |                          |
|              | 1 145                            | I LADIGIII IICIC.  |              |                |                          |

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 44 of 60

| Fill in this inform  | ation to identify your                            | ase:  |                                |   |                     |   |                     |
|--|---|---|--------------------------------|---|---------------------|---|---------------------|
| Debtor 1   | Dionna Shuntai S                                  | pivey   |                                |   |                     |   |                     |
|  | First Name  | Middle Name   |                                | Last Name   |                     |   |                     |
| Debtor 2<br>(Spouse if, filing)                            | First Name  | Middle Name   |                                | Last Name   |                     |   |                     |
| United States Ban  | kruptcy Court for the:                            | NORTHERN DIST   |                                | APGIA   |                     |   |                     |
| Officed States Barr  | ikrupicy Court for the.                           | NORTHERN DIST   | INICT OF GLC                   | NGIA  |                     |   |                     |
| Case number  |   |   |                                |   |                     | Charle if this is an                                  |                     |
| (ii kilowii)   |   |   |                                |   |                     | ☐ Check if this is an<br>amended filing               | 1                   |
| Official For <b>Statemen</b>                               |   | n for Indiv   | riduals I                      | Filing Under  | Chapter             | 7 12  | 2/15                |
| ■ creditors have<br>■ you have lease<br>You must file this | er is earlier, unless th                          | ur property, or<br>nd the lease has no<br>ithin 30 days after | ot expired.<br>you file your k | eankruptcy petition or b  |                     | or the meeting of credito<br>reditors and lessors you |                     |
|  | ople are filing together<br>I date the form.      | in a joint case, bo   | th are equally                 | responsible for supplyi   | ing correct infor   | mation. Both debtors m                                | ust                 |
|  | nd accurate as possib<br>ur name and case nun     |   | s needed, attac                | h a separate sheet to th  | his form. On the    | top of any additional pa                              | iges,               |
| Part 1: List Yo  | ur Creditors Who Have                             | Secured Claims  |                                |   |                     |   |                     |
| 1. For any credito information bel                         | •   | rt 1 of Schedule D  | : Creditors Wh                 | o Have Claims Secured   | d by Property (C    | official Form 106D), fill in                          | the                 |
|  | ow.<br>ditor and the property th                  | nat is collateral   | What do you                    | u intend to do with the p   | property that       | Did you claim the pro                                 |                     |
|  |   |   | secures a d                    | ebt?  |                     | as exempt on Schedu                                   | ule C?              |
|  |   |   |                                |   |                     |   |                     |
|  | idgecrest Formerly                                | Drivetime   |                                | r the property.   |                     | ■ No  |                     |
| name:  |   |   |                                | e property and redeem it  |                     | П у   |                     |
| Description of   | 2015 Nissan Altima                                | 1   |                                | e property and enter into ation Agreement.                                  | a                   | ☐ Yes   |                     |
| property   |   |   |                                | e property and [explain]:   |                     |   |                     |
| securing debt:   |   |   | Retain an                      | d pay   |                     |   |                     |
| Part 2: List You   | ur Unexpired Personal                             | Property Leases   |                                |   |                     |   |                     |
| For any unexpired in the information                       | d personal property lea<br>below. Do not list rea | ase that you listed<br>I estate leases. Un                    | expired leases                 | : Executory Contracts as are leases that are still es not assume it. 11 U.S | I in effect; the le | eases (Official Form 106<br>ease period has not yet e | 6G), fill<br>ended. |
| Describe your un   | nexpired personal prop                            | erty leases   |                                |   | W                   | ill the lease be assumed                              | <del>!</del> ?      |
| l cocorio nomo:  |   |   |                                |   | _                   | 1   |                     |
| Lessor's name:<br>Description of leas                      | sed   |   |                                |   | L                   | l No  |                     |
| Property:  |   |   |                                |   |                     | ] Yes   |                     |
| Lessor's name:   |   |   |                                |   | _                   | 1 No  |                     |
| Description of leas  | sed   |   |                                |   | L                   | l No  |                     |
| Property:  |   |   |                                |   |                     | ] Yes   |                     |
| Lessor's name:   |   |   |                                |   |                     | l No  |                     |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 45 of 60

| Deb | otor 1                           | Dionna Shuntai Spivey   | Case number (if known)                                     |                               |
|-----|----------------------------------|---|--|-------------------------------|
|     | scription<br>perty:              | o of leased   |  | □ Yes                         |
| Des | sor's na<br>scription<br>perty:  | ame:<br>a of leased   |  | □ No □ Yes                    |
| Des | ssor's na<br>scription<br>perty: | ame:<br>of leased   |  | □ No □ Yes                    |
| Des | sor's na<br>scription<br>perty:  | ame:<br>a of leased   |  | □ No □ Yes                    |
| Des | ssor's na<br>scription<br>perty: | ame:<br>a of leased   |  | □ No □ Yes                    |
| Und | er pena                          |   | ated my intention about any property of my estate that sec | cures a debt and any personal |
| X   | /s/ Di                           | at is subject to an unexpired lease.  Sonna Shuntai Spivey  na Shuntai Spivey  ture of Debtor 1 | X Signature of Debtor 2                                    |                               |
|     | Date                             | May 25, 2021  | Date   |                               |

### Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 46 of 60

| Fill in this infor     | mation to identify your  | case:             |            |                       |
|------------------------|--------------------------|-------------------|------------|-----------------------|
| Debtor 1               | Dionna Shuntai S         | Spivey            |            |                       |
|                        | First Name               | Middle Name       | Last Name  |                       |
| Debtor 2               |                          |                   |            |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name  |                       |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |                       |
| Case number (if known) |                          |                   |            | ☐ Check if this is an |
|                        |                          |                   |            | amended filing        |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | ssets<br>of what you own |
|-----|--|-------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 13,525.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 13,525.00                |
| Par | t 2: Summarize Your Liabilities  |             |                          |
|     |  |             | abilities<br>it you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 12,099.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 12,000.00                |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 152,743.00               |
|     | Your total liabilities   | \$          | 176,842.00               |
| Par | t 3: Summarize Your Income and Expenses  |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 3,567.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 3,567.00                 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                          |
|     | Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for   |             |                          |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

## Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 47 of 60

Debtor 1 Dionna Shuntai Spivey

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_\_4,641.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|   | Total o | claim      |
|---|---------|------------|
| From Part 4 on Schedule E/F, copy the following:  |         |            |
| 9a. Domestic support obligations (Copy line 6a.)  | \$      | 0.00       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$      | 12,000.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$      | 0.00       |
| 9d. Student loans. (Copy line 6f.)  | \$      | 105,448.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as<br>priority claims. (Copy line 6g.) | \$      | 0.00       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +\$     | 0.00       |
| 9g. <b>Total.</b> Add lines 9a through 9f.  | \$      | 117,448.00 |

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 48 of 60

| Fill in thi   | is information to identify your  | case:                    |                             |                              |                             |
|---------------|--|--------------------------|-----------------------------|------------------------------|-----------------------------|
| Debtor 1      | Dionna Shuntai S   |                          |                             |                              |                             |
|               | First Name   | Middle Name              | Last Name                   |                              |                             |
| Debtor 2      |  |                          |                             |                              |                             |
| (Spouse if, f | filing) First Name   | Middle Name              | Last Name                   |                              |                             |
| United St     | tates Bankruptcy Court for the:  | NORTHERN DISTRICT        | T OF GEORGIA                |                              |                             |
| Case nur      | mher   |                          |                             |                              |                             |
| (if known)    |  | <del></del>              |                             |                              | ☐ Check if this is an       |
|               |  |                          |                             |                              | amended filing              |
|               | I Form 106Dec<br>aration About a   | an Individua             | Debtor's So                 | hedules                      | 12/15                       |
| obtaining     | t file this form whenever you f<br>g money or property by fraud i<br>both. 18 U.S.C. §§ 152, 1341, 2<br>Sign Below | n connection with a ban  |                             |                              |                             |
| Did           | you pay or agree to pay some   | eone who is NOT an atto  | rney to help you fill out b | bankruptcy forms?            |                             |
|               | No   |                          |                             |                              |                             |
|               | Yes. Name of person  |                          |                             |                              | Petition Preparer's Notice, |
|               |  |                          |                             | Declaration, and Si          | gnature (Official Form 119) |
|               | er penalty of perjury, I declare<br>they are true and correct.   | that I have read the sun | nmary and schedules file    | ed with this declaration and |                             |
| X             | /s/ Dionna Shuntai Spivey  |                          | X                           |                              |                             |
|               | Dionna Shuntai Spivey  |                          | Signature of                | Debtor 2                     |                             |
|               | Signature of Debtor 1  |                          | -                           |                              |                             |
|               | Date May 25, 2021  |                          | Date                        |                              |                             |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 49 of 60

B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court** Northern District of Georgia

| In r | e Dionna Shuntai Spivey   | S   | Case N              | 0.                      |                   |
|------|---|---|---------------------|-------------------------|-------------------|
|      |   | Debtor(s)                                   | Chapte              |                         |                   |
|      | DISCLOSURE OF COMP  | ENSATION OF ATTO                            | RNEY FOR            | DEBTOR(S)               |                   |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplation   | iling of the petition in bankruptcy         | , or agreed to be p | aid to me, for services |                   |
|      | For legal services, I have agreed to accept   |   | \$                  | 1,622.00                |                   |
|      | Prior to the filing of this statement I have received   |   |                     | 222.00                  |                   |
|      | Balance Due   |   | \$                  | 1,400.00                |                   |
| 2.   | The source of the compensation paid to me was:  |   |                     |                         |                   |
|      | ✓ Debtor  |   |                     |                         |                   |
| 3.   | The source of compensation to be paid to me is:   |   |                     |                         |                   |
|      | ✓ Debtor  ☐ Other (specify): Deb  | tor to pay \$200 per month for 7 m          | nonths beginning J  | uly 2021.               |                   |
| 4.   | ✓ I have not agreed to share the above-disclosed co   | mpensation with any other person            | unless they are m   | embers and associates   | s of my law firm. |
|      | I have agreed to share the above-disclosed compecopy of the agreement, together with a list of the  |   |                     |                         | y law firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to   | render legal service for all aspec          | ts of the bankrupto | ey case, including:     |                   |
|      | <ul><li>a. Analysis of the debtor's financial situation, and ref</li><li>b. Preparation and filing of any petition, schedules, s</li><li>c. Representation of the debtor at the meeting of cred</li><li>d. [Other provisions as needed]</li></ul> | statement of affairs and plan which         | h may be required;  | -                       | nkruptcy;         |
|      | Negotiations with secured creditors to<br>reaffirmation agreements and applica<br>522(f)(2)(A) for avoidance of liens on  | tions as needed; preparation                |                     |                         |                   |
| б.   | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any   |   | g service:          |                         |                   |
|      |   | CERTIFICATION                               |                     |                         |                   |
|      | I certify that the foregoing is a complete statement of bankruptcy proceeding.  | any agreement or arrangement fo             | r payment to me for | or representation of th | e debtor(s) in    |
| ľ    | May 21, 2021  | /s/ Jeffrey B. Kel                          | ly                  |                         |                   |
|      | Date  | Jeffrey B. Kelly 4                          |                     |                         |                   |
|      |   | Signature of Attorn <b>Law Office of Je</b> |                     | .C.                     |                   |
|      |   | 107 E. 5th Avenւ                            | ie                  |                         |                   |
|      |   | Rome, GA 30161<br>678-861-1127              |                     |                         |                   |
|      |   | lawoffice@kelly                             | canhelp.com         |                         |                   |
|      |   | Name of law firm                            |                     |                         |                   |

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 50 of 60

## **United States Bankruptcy Court Northern District of Georgia**

|        |                                 | Northern District of Georgia                             |                 |                       |
|--------|---------------------------------|--|-----------------|-----------------------|
| In re  | Dionna Shuntai Spivey           |  | Case No.        |                       |
|        |                                 | Debtor(s)  | Chapter         | 7                     |
|        | VER                             | RIFICATION OF CREDITOR MA                                | ATRIX           |                       |
| Γhe ab | ove-named Debtor hereby verifie | es that the attached list of creditors is true and corre | ect to the best | of his/her knowledge. |
| Date:  | May 25, 2021                    | /s/ Dionna Shuntai Spivey                                |                 |                       |
|        |                                 | Dionna Shuntai Spivey                                    |                 |                       |

Signature of Debtor

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$78       | administrative fee |
| + \$15     | trustee surcharge  |
| \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in this in                               | formation to identify your case:  |  |                            |                              | only as d                   | irected in this form and                               | in Form                         |
|---|---|--|----------------------------|------------------------------|-----------------------------|--|---------------------------------|
| Debtor 1                                      | Dionna Shuntai Spivey   |  | 122                        | A-1Supp:                     |                             |  |                                 |
| Debtor 2<br>(Spouse, if filing                | 3)  |  |                            | 1. There                     | is no pres                  | umption of abuse                                       |                                 |
| United State                                  | es Bankruptcy Court for the: Northern District of   | of Georgia   |                            |                              |                             | o determine if a presur<br>nade under <i>Chapter</i> 7 |                                 |
| Case numb                                     | er  |  |                            | Calcu                        | lation (Off                 | icial Form 122A-2).                                    |                                 |
| (if known)                                    |   |  |                            |                              |                             | does not apply now be service but it could ap          |                                 |
|   |   |  | [                          | ⊐ Check i                    | f this is a                 | n amended filing                                       |                                 |
|   | Form 122A - 1   |  |                            |                              |                             |  |                                 |
| Chapte  | er 7 Statement of Your Cui  | rrent Monthly  | / Inc                      | ome                          |                             |  | 04/2                            |
| attach a sepa<br>case number<br>qualifying mi | ete and accurate as possible. If two married people trate sheet to this form. Include the line number to v (if known). If you believe that you are exempted fro litary service, complete and file Statement of Exemp                          | which the additional infor<br>om a presumption of abus       | mation ap                  | oplies. On the               | ne top of a<br>ot have prin | ny additional pages, writ<br>narily consumer debts o   | e your name and<br>r because of |
| Part 1:                                       | Calculate Your Current Monthly Income   |  |                            |                              |                             |  |                                 |
|   | is your marital and filing status? Check one or   | nly.   |                            |                              |                             |  |                                 |
| ■ No  | t married. Fill out Column A, lines 2-11.   |  |                            |                              |                             |  |                                 |
| □Ма   | rried and your spouse is filing with you. Fi∥ o   | ut both Columns A and  | B, lines 2                 | 2-11.                        |                             |  |                                 |
| □ Ma  | rried and your spouse is NOT filing with you.   | You and your spouse  | are:                       |                              |                             |  |                                 |
|   | iving in the same household and are not lega  | ally separated. Fill out                                     | both Col                   | umns A and                   | d B, lines 2                | 2-11.  |                                 |
|   | _iving separately or are legally separated. Fill<br>penalty of perjury that you and your spouse are l<br>living apart for reasons that do not include evadi   | legally separated under                                      | nonbank                    | cruptcy law                  | that applic                 | es or that you and your                                |                                 |
| 101(10A).<br>the 6 mon                        | average monthly income that you received from all<br>For example, if you are filing on September 15, the 6-n<br>ths, add the income for all 6 months and divide the tota<br>wn the same rental property, put the income from that p           | nonth period would be Marc<br>I by 6. Fill in the result. Do | ch 1 throu<br>not includ   | gh August 3°<br>e any income | I. If the amo               | ount of your monthly incon ore than once. For examp    | ne varied during<br>le, if both |
|   |   |  |                            | Column A<br>Debtor 1         |                             | Column B Debtor 2 or non-filing spouse                 |                                 |
|   | gross wages, salary, tips, bonuses, overtime, deductions).  | and commissions (be  | fore all                   | \$4,                         | 641.00                      | \$   |                                 |
|   | <b>ny and maintenance payments.</b> Do not include n B is filled in.  | payments from a spou   | se if                      | \$                           | 0.00                        | \$   |                                 |
| <b>of you</b><br>from a<br>and ro             | nounts from any source which are regularly post or your dependents, including child support no unmarried partner, members of your household ommates. Include regular contributions from a span. Do not include payments you listed on line 3. | I. Include regular contrib<br>d, your dependents, par        | outions<br>ents,<br>is not | \$                           | 0.00                        | \$   |                                 |
|   | come from operating a business, profession,   | or farm  |                            |                              |                             |  |                                 |
|   |   | Debtor 1   |                            |                              |                             |  |                                 |
| Gross   | receipts (before all deductions)  | \$   |                            |                              |                             |  |                                 |
| Ordina  | ry and necessary operating expenses   | -\$ 0.00   |                            |                              |                             |  |                                 |
| Net mo  | onthly income from a business, profession, or far   | m \$0.00 Copy  | here -> 3                  | \$                           | 0.00                        | \$   |                                 |
| 6. Net in                                     | come from rental and other real property  | 511.4  |                            |                              |                             |  |                                 |
| _   |   | Debtor 1   |                            |                              |                             |  |                                 |
|   | receipts (before all deductions)  | \$ <u>0.00</u><br>-\$ 0.00                                   |                            |                              |                             |  |                                 |
|   | ary and necessary operating expenses  | · —  | hore -> '                  | <b>t</b>                     | 0.00                        | ¢  |                                 |
|   | onthly income from rental or other real property  | \$ <u>0.00</u> Copy  |                            |                              | 0.00                        | \$   |                                 |
| 7. Intere                                     | st, dividends, and royalties  |  |                            | \$                           | 0.00                        | <b>*</b>   |                                 |

Official Form 122A-1

Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 56 of 60

| Debtor 1                                     | Dionna Shuntai Spivey   |   | Case num        | ber (if known) |                                    |                              |
|--|---|---|-----------------|----------------|------------------------------------|------------------------------|
|  |   |   | Column Debtor 1 |                | Column B Debtor 2 or non-filing sp | oouse                        |
| 8. <b>Un</b>                                 | employment compensation   |   | \$              | 0.00           | \$                                 |                              |
| Do   | not enter the amount if you contend that the amount Social Security Act. Instead, list it here:   | received was a benefit und  | · —             |                | *                                  |                              |
| ı  | For you \$ For your spouse \$   | 0.00  |                 |                |                                    |                              |
| ı  | For your spouse \$  |   |                 |                |                                    |                              |
| bei<br>not<br>Un<br>dis<br>pay<br>doc        | nsion or retirement income. Do not include any amonefit under the Social Security Act. Also, except as static include any compensation, pension, pay, annuity, or ited States Government in connection with a disability ability, or death of a member of the uniformed service paid under chapter 61 of title 10, then include that pass not exceed the amount of retired pay to which you setired under any provision of title 10 other than chapter  | ated in the next sentence, of<br>allowance paid by the<br>r, combat-related injury or<br>s. If you received any retire<br>ay only to the extent that it<br>would otherwise be entitled          | ed              | 0.00           | \$                                 |                              |
| Do<br>und<br>cor<br>crir<br>cor<br>Go<br>dea | ome from all other sources not listed above. Specinot include any benefits received under the Social Section the Federal law relating to the national emergency der the National Emergencies Act (50 U.S.C. 1601 et onavirus disease 2019 (COVID-19); payments receiving, a crime against humanity, or international or dome inpensation pension, pay, annuity, or allowance paid overnment in connection with a disability, combat-relation of a member of the uniformed services. If necessal parate page and put the total below.  | ecurity Act; payments made<br>r declared by the President<br>seq.) with respect to the<br>ed as a victim of a war<br>estic terrorism; or<br>by the United States<br>ed injury or disability, or | Э               |                |                                    |                              |
|  |   |   | \$              | 0.00           | \$                                 |                              |
|  |   |   | \$              | 0.00           | \$                                 |                              |
|  | Total amounts from separate pages, if any.  |   | + \$            | 0.00           | \$                                 |                              |
|  | Iculate your total current monthly income. Add line the column. Then add the total for Column A to the total for Column A | al for Column B.  | 4,641.00        |                |                                    | Total current monthly income |
| 10 <b>Co</b>                                 | louiste vour ourrent menthly income for the year  | Follow those stone:   |                 |                |                                    |                              |
|  | Iculate your current monthly income for the year.   |   | •               |                |                                    |                              |
| 128  | a. Copy your total current monthly income from line 11  | l   | Cc              | opy line 11 i  | nere=>                             | \$4,641.00                   |
|  | Multiply by 12 (the number of months in a year)   |   |                 |                |                                    | x 12                         |
| 121  | b. The result is your annual income for this part of the  | form  |                 |                | 12b.                               | \$55,692.00                  |
| 13. <b>Ca</b>                                | culate the median family income that applies to y   | ou. Follow these steps:   |                 |                |                                    |                              |
| Fill   | in the state in which you live.   | GA  |                 |                |                                    |                              |
| Fill   | in the number of people in your household.  | 2   |                 |                |                                    |                              |
| То   | in the median family income for your state and size of find a list of applicable median income amounts, go of this form. This list may also be available at the bankru  | nline using the link specifie   | ed in the sepa  | arate instruc  | 13.<br>tions                       | \$68,295.00                  |
|  | w do the lines compare?   |   |                 |                |                                    |                              |
| 14   | •   |   | ox 1, There i   | is no presum   | nption of abuse                    |                              |
| 141  | _   |   | presumption     | of abuse is    | determined by                      | Form 122A-2.                 |
| Part 3:                                      | Sign Below  |   |                 |                |                                    |                              |
|  | By signing here, I declare under penalty of perjury t   | hat the information on this   | statement ar    | nd in any atta | achments is tru                    | e and correct.               |
|  | V /s/ Dionna Shuntai Snivey   |   |                 |                |                                    |                              |

**Dionna Shuntai Spivey**Official Form 122A-1

# Case 21-54017-bem Doc 1 Filed 05/25/21 Entered 05/25/21 15:40:35 Desc Main Document Page 57 of 60

| Debtor 1 | Dionna Shuntai Spivey  | Case number (if known) |  |
|----------|--|------------------------|--|
|          | Signature of Debtor 1  |                        |  |
| Da       | te May 25, 2021<br>MM / DD / YYYY  |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.            |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form | m.                     |  |

ACS/Nelnet Education 501 Bleeker Street Utica, NY 13501

Affirm Inc 633 Folsom St Fl 7 San Francisco, CA 94107

Bridgecrest Formerly Drivetime PO Box 29018 Phoenix, AZ 85038

Capital One Bank USA NA 10700 Capital One Way Glen Allen, VA 23060

Comenity Bank/Wayfair Car PO Box 182789 Columbus, OH 43218

Equifax PO Box 740241 Atlanta, GA 30374-0241

Experian PO Box 9701 Allen, TX 75013-9701

Georgia Department of Revenue Bankruptcy Section PO Box 161108 Atlanta, GA 30321-1108

Grain Technology Inc 505 14th St Oakland, CA 94612

Harbin Clinic, LLC PO Box 18710 Belfast, ME 04915-4082

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Mariner Finance 8211 Town Center DR Nottingham, MD 21236

Moneylion Inc 89 5th Ave Ste 501 New York, NY 10003-3020

Nationwide Recovery Serv 545 W Inman St Cleveland, TN 37311

Navient 123 Justison Street 3rd Floor Wilmington, DE 19801

Nelnet/Education Financial 3015 S Parker Road STE 400 Aurora, CO 80014

Net Credit 175 W. Jackson Blvd Suite 1000 Chicago, IL 60604

OneMain PO Box 1010 Evansville, IN 47706 OPP Loans 130 E Randoolph St Ste 1650 Chicago, IL 60601

PHEAA/Fed Loan Serv PO Box 60610 Harrisburg, PA 17106

SkyTrail Cash Ningodwaaswi, LLC PO Box 1115 Lac Du Flambeau, WI 54538

Spot Loan PO Box 927 Belcourt, ND 58316

Syncb/Old Navy PO Box 965036 Orlando, FL 32896

Trans Union PO Box 1000 Chester, PA 19022

Ubi Cash Nigig, LLC dba UbiCash PO Box 965 Lac Du Flambeau, WI 54538

US Department of Edu Afsa PO Box 7202 Utica, NY 13504